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INTRODUCTORY LECTURE,

ON THE OPENING OF THE

MEDICAL SESSION OF 1841-42,

IN

UNIVERSITY COLLEGE,

DELIVERED BY

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ON my first appearance before you, Gentlemen, in the capacity of an acknowledged teacher, and as the occupant of a newly-instituted chair, I shall perhaps be expected to make some general observations on the subjects with which we are about to be occupied; and it will also be a convenient opportunity for inviting your attention shortly to certain questions in medical education which are closely connected with the duties assigned to me, and which derive peculiar importance from the present circumstances of our profession. It must be well known to most of those whom I have the honour to address, that a knowledge of medicine is taught in two ways, essentially distinct, yet both important: the one is by the delivery of a general course of lectures on what are called the principles and practice of medicine, in which are *described* whatever appertains to the history and treatment of diseases; the other consists in the actual *demonstration* of the phenomena previously so described; and, from the circumstance of this duty being necessarily conducted in most instances at the bedside of the sick, it has been called *clinical* instruction. Each of these methods has its peculiar advantages—the one being chiefly adapted to make us acquainted with the *science*, the other to qualify us for the practice of the *art* of medicine. The method of instruction by lectures, long known and universally adopted, is here, as in other places, confided to the professor of medicine. The department of clinical instruction, hitherto less generally and less actively cultivated than the former, is assigned conjointly to the physicians of the hospital; but in order to provide for the dedication of an additional amount of time and attention to a subject which they have always regarded of extreme consequence, the council of the college have recently instituted a distinct professorship of clinical medicine, with the special duties of which I have now the honour to be intrusted. The nature and extent of the instruction given in the lectures on the practice of physic will hereafter be more fully explained by the professor of that subject; but the precise objects of the course of clinical medicine, its intrinsic importance, its connection with that on the practice of medicine, and their mutual dependence, will perhaps be rendered more clearly apparent if we institute a short comparison between the two.

In the lectures on the principles and practice of medicine, you will be presented with a *systematic* view of the science; the whole catalogue of diseases will be classified according to certain general resemblances, and each kind will be described in succession. The characters which are common to the greater number of cases can, however, alone be dwelt upon, and the peculiarities of individuals are necessarily less attended to. In those lectures will be submitted to you a summary of whatever has been observed in relation to the agencies which produce diseases, the symptoms which distinguish them, the remedies which have been used to relieve them, and their most ordinary terminations. Whatever general precepts have been arrived at by the united labours of physicians in all ages, whether relating to the nature and laws of diseased action, the circumstances giving rise to it, or those known to remove it, will be delivered to you; the evidence on which these principles rest will be exhibited, and the sources of still fuller information will be indicated in the best works devoted to the discussion of the various subjects brought before you. Assuming these principles and

* In the Student's Number, page 13, the name of Dr. Walshe was erroneously inserted as one of the physicians of University College Hospital, in place of that of Dr. Taylor.

descriptions to be known, we shall have to illustrate the one and to apply the other in the presence of the objects themselves, as they occur in the wards of the hospital. We are not able and we do not desire to follow any particular order; a few of the rarer forms of disease may not come under our notice at all, whilst the more important ones will be witnessed many times, and under various modifications. We have to deal incessantly with individual instances; we have to point out not only their specific characters, but also those which distinguish one case from another of the same kind, and to indicate the influence of these differences on the progress, treatment, or termination of the case. Our business, however, is less to *describe* than to *demonstrate;* to show you *what* to observe and *how* to observe; to superintend your first trials; to guide you through the chief difficulties of observation, and to point out its fallacies and the means of avoiding them. Take, as an example, the subject of inflammation of the lungs. In the lectures on the practice of medicine are detailed the symptoms of the disease, whether constant or occasional; the characters which distinguish it from pleurisy, catarrh, and other diseases of the chest; the variations in its form, course, and fatality, produced by differences in the age, strength, and other peculiarities of the subjects of it; the causes which may give rise to this affection, and the various kinds of treatment which have been adopted for its relief.

It will be the duty of the clinical teachers to accompany you to the bed of a patient affected with such a disease; to demonstrate to you its sensible phenomena; the altered countenance; the quick, shallow respiration; the peculiar expectoration; the hot skin; the frequent pulse, and the various concomitant physical signs; to compare and contrast these symptoms with those of the catarrh in the next bed, and of the pleurisy in another; to inquire into the circumstances which have *preceded* the attack, and to endeavour to single out those which have *produced* it; to watch the changes which arise from day to day; and if the case go on to a favourable end, to endeavour to appreciate the influence of the remedies, and to make due allowance for the effects of other circumstances, such as the age and vigour of the patient. If the case end fatally, we make an examination of the body, and inspect all the organs; we compare and connect the diseased parts with the symptoms; confirm or correct the diagnosis, and so *prove* the value of the symptoms on which it was founded.

A second case presents itself, and the same process is repeated; many of the same symptoms are observed again, and your acquaintance with them is strengthened and perfected; some of the previous ones are absent; others are superadded; and so you learn what is *essential* and what is *accidental*. The same ground is travelled over, as cases present themselves, an indefinite number of times, until you have had an opportunity of becoming familiar with all the important features of the disease. These are our chief duties in the wards of the hospital, and they are essentially demonstrative. In the clinical lecture-room the principal features of the case are recounted; the value of the chief symptoms is commented on; the grounds of the diagnosis, prognosis, and treatment are more fully explained; the difficulties of obtaining a correct history, arising from the ignorance, prejudices, or weakness of the patient, are pointed out, as well as the precautions requisite in adopting any conclusion respecting the causes of the disease and the effects of the treatment. Lastly, at longer intervals a considerable number of these cases are viewed in connection; the phenomena *common* to most of them are placed in relief; the bearing of these on doctrines either past or prevailing is indicated, and something perhaps is added to the common stock of our knowledge, or at least the *mode* of doing this is exhibited. This comparison will, I trust, have made it apparent that the two methods of instruction —by systematic lectures and by clinical demonstration—are mutually dependant, and that either would be incomplete without the other. The one teacher prepares you for the observation of disease, the other points out its actual phenomena. Without this preparation much that I shall have to say would be unintelligible, and without the actual observation of disease the mere description of it would be useless. The two subjects stand nearly in the same relation to each other as a lecture on anatomy and the practice of dissection. The student would be a very indifferent anatomist who had obtained all his knowledge of the subject from lectures; nor would his attainments be at all superior if he contented himself with being a simple spectator, whilst another dissected, and neglected to obtain any previous knowledge of the general composition and arrangement of the elements out of which the body is framed. From the preceding statement of the work we are about to be engaged in, its *importance* will at once be obvious. It is the application of every previous attainment to the prevention, discrimination, and treatment of disease; the daily business of your future lives; the necessary complement of a useful education; the great end to which all other branches of medicine, although indispensable, are subservient, and without the addition of which they are wholly useless to us.

It is highly important, Gentlemen, that we should have a clear perception of the right method of becoming what we all desire to be, skilful practitioners of medicine. It is a

rule which admits of no exception, that to be able with certainty to do anything well we must do it repeatedly. If our reasoning faculties are to be improved, we must apply them to those studies which will exercise them; if our external senses are to be sharpened, we must use them constantly on their proper objects; if we are to acquire dexterity in any manual operation, we must repeat it the requisite number of times. The medical practitioner has to attain all these objects, and he cannot escape from the same obligations; there is absolutely no other manner of arriving at the desired result; but by carrying out this method, we are certain to acquire all the skill that our natural abilities qualify us to attain. "To see much and to see it well is the *sole* means of attaining perfection in all the sciences of observation." In all mechanical employments, other things being alike, the skill of the artisan is proportioned to the time he has passed in his workshop. What man would be intrusted with the construction of an edifice, the building of a ship, or the manufacture of a steam-engine, whose means of instruction had been limited to books, lectures, plates, and models? In all the higher arts the same rule holds good. Who would trust himself with a pilot who had studied the *principles* of navigation, and who knew them well, but had never been to sea? The painter studies the precepts of the great masters—the laws of perspective and the theory of colours, on the one hand; but on the other his *chief* time is passed in his studio, in copying the works of nature, or imitating the *chefs-d'œurre* of his art. The chemist is obliged to work in his laboratory, and the anatomist in his dissecting-room. The necessity of an actual reference to nature, and the insufficiency of other means of information in the sciences of observation generally, are ably stated by Professor Playfair, in his biographical account of Dr. Hutton. "The loss sustained by the death of Dr. Hutton," he observes, "was aggravated, to those who knew him, by the consideration of how much of his knowledge had perished with himself; and notwithstanding all that he had written, how much of the light collected by a long life of experience and observation was now completely extinguished. It is indeed melancholy to reflect, that with all who make proficiency in the sciences founded on nice and delicate observation, something of this sort must unavoidably happen. The experienced eye, the power of perceiving the minute differences and fine analogies which discriminate or unite the objects of science, and the readiness of comparing new phenomena with others already treasured up in the mind, these are accomplishments which no rules can teach, and no precepts can put us in possession of. This is a portion of knowledge which every man must acquire for himself, and which nobody can leave as an inheritance to his successor."

The practice we have thus seen to be necessary for the attainment of skill in other arts and sciences, is precisely that which we must adopt to become skilful physicians: medicine is not merely a science, it is likewise a practical art. It consists, on the one hand, of a collection of truths deduced from observation and reasoning: these are to be made known to us by books and lectures; the grounds on which they rest, and the processes by which they have been established are to be carefully scrutinised; and this labour must be repeated again and again until they are fixed in the mind. On the other hand, these general truths are to be applied to individual cases of disease, and this is to be done with the patient before us. In this practice of the art there are two classes of phenomena to become acquainted with; the one consists of objects of sense—they are to be seen, felt, and heard, and to attain accuracy and delicacy of perception and discrimination, we must see, feel, and hear them repeatedly; the other comprises the subjects of the patient's sensations—such as pain, the history and succession of symptoms, and the circumstances preceding the attack, and are to be learnt from his testimony only. In eliciting and receiving this testimony, experience has shown that there are many sources of error to be guarded against; and the skill which is requisite to avoid such errors, can only be acquired by much practice, superintended by experienced guides. As an art, medicine is infinitely difficult; the phenomena we have to become acquainted with are so numerous, so varied, so complicated, that not only natural talents but long observation are requisite to make us familiar with them. We cannot, therefore, begin too early, nor see too much: by habitual exercise our senses acquire astonishing delicacy, and perhaps the talent for observation is itself developed; and to these two is due the marvellous sagacity with which grand observers at once seize phenomena which escape others. Corvisart, one of the greatest of a great nation of observers, speaking on the same subject says, "The education of the senses is so important, so indispensable, that without it I do not think it possible to be a skilful physician at the bedside of the patient. And what is it, in fact, which is commonly called experience in medicine, the coup d'œil of the physician, which prevails so often over the greatest erudition and the most solid information, but the result of the frequent, methodical, and just exercise of the senses; whence are derived such facility in their application, such readiness of appreciation, such certainty of judgment, sometimes so rapid that all these acts appear to be simultaneous, and the aggregate of which we comprehend under the denomination of tact?"

These observations are applicable to the

study of medicine in all places, in private or in public practice. I shall now speak of the advantages of its study in a great school, and especially of that which chiefly concerns us now—the practical study of it in hospitals. It will first, however, be desirable to advert to the prevalent neglect of hospital practice, and to some of its causes and remedies. If the preceding remarks be true, and even universally admitted to be true, how is it that in all our English schools the hospital department is that to which students devote least attention? How is it that in this school, distinguished by the industry and intelligence, and, consequently, by the attainments of its pupils, the same complaint can be justly made? This, Gentlemen, is a question which my position in the hospital has repeatedly forced upon my attention, and I will now endeavour, in part, at least, to answer it. This comparative inattention to hospital studies appears to me to result from two classes of causes: on the one hand, an incomplete conviction on the part of the student of the paramount importance of hospital practice; and, on the other hand, the existence of some positive obstacles to his devotion to it. I shall briefly allude to the chief of the latter, and, as I think, more important class of causes, and then dwell somewhat longer on the former class, with which it will be my more particular duty to contend.

Amongst the *chief* obstacles to the student's attention to hospital practice, I place the regulations of our legislatve medical bodies. The imperfections which these regulations appear to me to contain have, in some instances, arisen out of the state of the profession, and out of the necessity of improving, gradually, and not suddenly, the former defective education of the general practitioner; in other instances no such necessity, apparently, existed, and, in any case, there is no longer reason for perpetuating the errors of either kind, if errors they are admitted to be. The time required to be spent in a large school has been very inadequate; the system of attendance upon lectures, important as I maintain it to be, has been much abused, and allowed to consume too large a proportion of that time; the term of hospital attendance has been too short, and no adequate precautions have been employed to ascertain that even that was actually passed in the manner prescribed, still less that it was profitably passed: the whole of the examinations have been generally instituted at a single sitting, and, in so far as the practice of physic is concerned, they have been calculated to test the student's *verbal* knowledge simply, and not, as they unquestionably ought to be, adapted likewise to determine the amount of his *practical* acquaintance with disease. I will illustrate the mischief of this kind of examinations by an example which has been painfully familiar to me. A student at the end of his last winter session has obtained all the certificates of attendance upon lectures which he requires, but not having his hospital certificate, he cannot present himself for examination until the following October. Here are six months which are supposed to be, and ought to be spent in a diligent attendance upon the practice of the hospital; the student desires so to spend them, but he is afraid to do it, and why? because at the end of that time he must be examined, not on one or two only, but on *all* the branches of his profession; and he must, therefore, shut himself up at home, and refresh his memory in the details of his chemistry, his botany, and his materia medica, which he attended to one or two years before, as well as maintain his acquaintance with the subjects of the later classes. He is now seldom seen out of his apartments, where he misspends his time in the most miserable drudgery; which is the more intolerable, because he feels it will yield him little benefit, and because it interferes with his attention to one of his most important and most profitable duties. His examination, when it comes, being conducted in the manner I have alluded to, is calculated only to confirm the evil. No proof of a practical familiarity with disease is demanded; but he must have his *book* knowledge, and, if he be unable to attain both, which a comparatively small number only can do, or, which is the same thing, feel sufficient confidence to do, the *practice* is, of course, neglected. The consequence of this system in the medical schools of London, as well as of other parts of the kingdom, is what might easily be anticipated. Many of those gentlemen who pass these examinations with credit, and who are even complimented upon the extent of their information, have little acquaintance with disease but what books and lectures have imparted to them, and, instead of having devoted a large portion of their time to an hospital, some of them have scarcely even *walked* through its wards. They go forth not only to *practise* but to *learn* their profession; and if their earlier trials are less happy than their more mature ones, the difference is sustained by the public, and especially by that portion of the public which is equally unable to understand and to alter the position in which it happens to be placed. These mischievous results must be admitted by every one, and, if the causes I have indicated be amongst the true ones, they at once suggest the remedies, viz., a smaller amount of attendance upon lectures, and a larger amount of attendance upon hospital practice, periodical elementary examinations, and a final examination at the bedside. No one is expected to maintain all his lifetime an acquaintance with the details of all parts of his profession; and any one who attempts to do so will at best have a superficial knowledge of many things, and a substantial knowledge of none. All that *can* be required is, that proof shall be given of an adequate amount of knowledge in each

department in its turn. This would be secured by successive examinations in the elementary branches; each one final for the subjects of it; and when the student has thus passed over each department, let as long a time as is practicable be left for exclusive attendance upon an hospital, and, his mind being now unburdened by other matters, let him be compelled to employ his time in the manner intended by a final and searching examination into his practical attainments conducted at the bedside. It is but justice to the University of London to state, that by demanding only one course of lectures on one subject, and by dividing its examinations, it has acted to a great extent in conformity with these principles. The experience of this body can now be appealed to, to show that such a course, so far from diminishing, increases the student's attention to the elementary branches. The examinations when subdivided can be rendered much more searching; a higher standard is thus held out for the student's aim, and a consequent increase of attainment has been observed. I trust, also, that, ere long, the same university will give a similar impulse to the study of practical medicine, and entitle itself still further to the gratitude of the profession and of the public by the adoption of a final practical examination.

But, Gentlemen, independently of these hindrances to an attendance upon hospitals, my observation would lead me to infer that the importance of it is not adequately appreciated by the mass of students. To feel deeply its value, implies a considerable familiarity with the practice: the first fruits in this, as in all branches of knowledge, are scanty and discouraging; there is much time expended before a full harvest of benefit is reaped, and not a few I am sure begin to know its worth only when the occasion for profiting by it has passed away. I have heard it observed by many, and, amongst others, even by teachers and examiners, that if a good preliminary education be secured, the student, now authorised by law, will acquire practical knowledge, either by assisting others or after establishing himself. But this argument sanctions the very evil I have been exposing, and it implies in addition a deception of the public who regard the medical man's diploma not as a licence to permit him to *learn* his art, but as a document testifying his fitness to *exercise* it. Such a view of the case, moreover, proceeds upon an assumption against which it is my special duty to protest, viz., that the advantages inherent in a great school, and for which the student is compelled to resort there, attach themselves chiefly to the *preliminary* instruction, and that the *practice* of his profession may be equally well learnt elsewhere. If we take a glance at the chief of these advantages, we shall soon perceive that the assumption adverted to involves a great and serious error.

The system of instruction by lectures having been much abused, there are many who demand its entire abolition; each of these courses appears to me to be an extreme one, and they are deserving of equal condemnation. In a great school there are incentives to exertion, facilities for imparting knowledge, and means of mental discipline, such as are united in no other circumstances. The aggregation of students excites emulation; the daily lecture is a daily stimulus to the regular private study of the same subject; the weekly and annual examinations, with the prizes annexed to them, further develop the student's zeal; and experience has amply proved that a corresponding advance in information is the result. Lectures, in many instances, furnish demonstrations indispensable to the proper understanding of a subject; the same matter is conveyed to the mind through various senses, and thereby has a stronger hold upon it; being less formal than books, the more important points can be repeated in various ways until they are more thoroughly comprehended, and the living teacher is always to be appealed to, to explain, illustrate, and support his views. The statements of authors are more fully canvassed; the grounds of their opinions are sifted; sources of error in their investigations are pointed out, and a greater independence of mind is created; for the student is not merely enjoined to acquire, but is practised in the habit of thinking for himself instead of bowing to authority, a habit of far greater value than any mere information imparted at the same time, because without it no further substantial progress can ever be made. Lastly, I appeal confidently to the fact, the result of my own experience, confirmed by that of every one with whom I have conversed, that every student, as well the careless one as he who fully avails himself of the means at his command, learns incomparably more during the time he remains in a great school than in any other equal period of his life. It would be deviating from the purpose I have in view to say more of the advantages of the system of instruction by lectures; I have enumerated some of the leading ones, that you may be prepared to acknowledge the justice of my opinion that they all attach in an equal degree to the hospital instruction. There is at least as great a stimulus to regular attention, and there are even greater aids in the attainment of information, for the daily instruction is more purely demonstrative, and the subjects of demonstration are many of them such as we can scarcely become acquainted with in any other way. The materials for observation exist there in the greatest abundance; there are to be seen the greatest number and variety of diseases with the smallest possible expenditure of time; their phenomena are much more closely scrutinised than elsewhere; the treatment of the patients is most completely under control,

and the effects of remedies, therefore, most clearly demonstrated, and, when death takes place, the diagnosis of the practitioner can be put to its ultimate test, and confirmed or corrected, and the effects of disease on the structures of the body can be studied with the least trouble, the best aids, and on the largest scale.

The multitudes of diseases to be found in every hospital are profitable, chiefly in proportion to the amount and kind of the assistance which we have in studying them. Books and lectures will aid us much in observing, but in the practice of an art so complicated as medicine, in which the endless combination of circumstances produces the greatest variety, and even apparent contradiction, amongst different cases of the *same* disease, and in which the variations of each individual case often influence so greatly the treatment and result, the general descriptions, which *alone* can be given in systematic treatises and discourses, will be found, of themselves, to be very inadequate helps. There are a thousand things which they cannot describe, and a thousand more which, however well described, we should not recognise. Left to such resources the student would, for a long time, be more perplexed than enlightened, and would be very likely to attach an equal value to the most trifling and the most important circumstances. The great use of books and lectures here is to prepare us to understand and appreciate the phenomena of disease when pointed out at the bedside of the sick by teachers whose time and attention have been specially directed to their observation and study. With the advantage of an experienced guide we not only learn much more in the same time, but we observe many things which would otherwise pass unnoticed before our eyes. This fact has often struck me in following the practice of able physicians. They have pointed out appearances, and demonstrated their practical importance, which, when so pointed out, I could remember to have seen perhaps almost daily, and I have felt amazed that they should never before have arrested my attention, or that the apparently simple consequences of them should never have been perceived; and this has occurred to me as well in the latest as in the earliest period of my professional life. My personal experience, therefore, leads me fully to adopt the opinion of some eminent teachers, viz., that there is much in medicine which is taught only by tradition, which is handed down from generation to generation by the direct intercourse of master and pupil. One of the best clinical teachers of the school of Paris, M. Chomel, thus expresses himself on this question:—"An enlightened and conscientious physician should be able to transmit the experience which is proper to him to those who daily witness his practice. This direct transmission constitutes what is called *traditional* medicine—a species of instruction more profitable than any other, and which establishes a difference so remarkable and so universally recognised between those physicians who, during their studies, have spent much time in hospitals, and those who have derived their whole information from theoretical courses and from books. It is particularly by following the visits of skilful physicians that those who are entering on their career can rapidly acquire experience. It has been justly remarked, that 'medicine is to be learnt only with physicians and with patients; we cannot form ourselves without aid; we must have a practised guide, without which we either wander in the mazes of systems, or we sink into empiricism.'"—(Essai Historique sur la Medicine en France, par J. B. L. Chomel, Paris, 1762.

"Tradition is of such importance in the exercise of medicine, that there is, perhaps, no example of a skilful physician who had not himself been the disciple of some experienced master. In the practice of our art as in that of every other, there is a multitude of things, of more or less importance, which are transmitted from him who does them to those who see him do them, and which could be communicated in no other manner. When an intelligent and well-informed pupil has followed, during a certain time, the visits of a physician, he is almost always able, after having examined a patient, to announce, not only the plan of treatment which this physician will adopt, but even to specify the formulæ which he will employ. In what book is to be found information so precise, and which of us could flatter himself with the hope of finding out what Fernel and Boerhaave would have prescribed for such and such a patient?"—(Pathol. Gener., 3me edit., Paris, 1841.)

Traditional medicine, which, in the estimation of the author whose words I have just quoted, is of so much consequence, is to be learnt best in hospitals—the great repositories of this kind of knowledge. They afford the greatest opportunities of acquiring experience, and in them, therefore, are produced and maintained the most skilful body of practitioners. Doctrines and practices here take their rise, become established, and are propagated, some of which cannot, and many of which never do find their way into books, and which, therefore, can only be learnt by the free intercourse of teachers and pupils.

You will now, Gentlemen, readily appreciate the motives which have induced the council of this college to institute a separate professorship of clinical medicine. Convinced of the paramount importance of clinical instruction, and that much time and labour are requisite to carry it out effectually, they doubtless thought they would best consult the wants of the pupil, and make the best provision for the continued efficiency

and reputation of the school, by adding to the staff of the hospital a teacher who would be able to devote his undivided attention to this duty. On this, as on many other occasions, they have proved that they rightly comprehend and attentively watch over the important interests committed to their keeping, by the establishment of a system which, if competently carried into effect, is calculated to prove highly instrumental in increasing the efficiency of many of the future medical practitioners of this country. I must here, however, warn you against the supposition that you are henceforth to be deprived of the valuable instructions of the other physicians to the hospital: they will continue to give clinical instruction not less zealously, and doubtless not less successfully, than they have hitherto done. The object of the council has been not to diminish the resources you previously possessed, but, leaving them untouched, to appoint a teacher whose mind would be unoccupied by any other public duty, and who would therefore be enabled more completely to dedicate his time and attention to the furtherance of the purposes they had in view. In this way it is expected that by giving greater extension to the plan of clinical instruction, and by devoting more time to the execution of it, the student will be more effectually initiated in the actual observation of disease. Permit me, Gentlemen, to exhort you diligently to avail yourselves of the means they have provided for you, by following the practice not of the special clinical teachers only, but also that of all the physicians and of all the surgeons. Each has experience, opinions, and modes of treatment peculiar to himself, and one may be able to furnish you with information which another does not possess. Do not suffer yourselves to be deceived by the error I have been combatting, that it is of little importance to see practice now. This is the best opportunity which will occur to most of you, and you are bound to use it by the highest and the strongest motives. Your interest urges you to it, for other things being alike, your success in life will certainly be proportioned to your practical attainments; the occasion will arise if you are prepared to seize it. Your peace of mind demands it, for the man duly prepared alone boldly and cheerfully obeys the summons to his patient, conscious that whatever the case may be, he is prepared to do all that his art is equal to. Your highest sense of duty not less loudly calls you to it, for to each of you is committed a trust on which the happiness of many fellow-creatures depends. If you are unable to guard it, you also prevent others being consulted who could, and you will undoubtedly be responsible for the mass of suffering to which your incompetency may give rise. The example of one of the greatest ornaments of our profession, Laennec, serves strikingly to show how much may be accomplished during the period of pupilage, and how greatly such labours may be made to contribute to the permanent interests of medical science. It is stated of this illustrious man, that during the first three years of his attendance as pupil at La Charité, he drew up a minute history of nearly four hundred cases of disease, and "these very cases furnished the groundwork of all his future researches and discoveries."—*(Forbes's Life of Laennec.)*

The utility of hospitals is not now limited to their original objects, the relief of the sick poor; being used as schools of medicine, they multiply skilful practitioners, and contribute largely to the advancement of our art: their benefits are thus extended to the rich as well as to the poor; they are diffused from their own locality over the whole country, or even over the civilised world; and they will be subservient to the interests of succeeding times, not less than to those of our own. The treatment of the sick is the first object of our care; but fortunately the instruction of others, and the cultivation of the science, are powerfully subservient to this. The physician can have no stronger stimulus to the careful investigation and treatment of disease, than the daily observation of a body of intelligent students, to whom the grounds of his opinions and the results of his practice must be explained; and this same careful observation of diseases is a necessary step of the process by which additions are to be made to the stock of existing knowledge. These considerations prepare us for the fact which history teaches us, that able physicians have multiplied and medicine has improved in a degree quite unexampled, within the short period in which hospitals have been converted into clinical schools. The first clinical schools were established in Italy, about the middle of the sixteenth century; but we find no teacher of reputation before Boerhaave, who followed the system with great success in the school of Leyden. From his clinical school the most distinguished students rose; and, in turn, some followed the same career in different places, especially in Edinburgh and Vienna. In 1753, Van Swieten founded a clinical hospital in Vienna, where the subject was successively professed by De Haen, Stoll, and Hilderbrand. Rutherford carried the system to Edinburgh, and was the first who taught clinical medicine in this country. He was succeeded, in the same course, by Cullen, and the celebrated men who followed him in Scotland. In France, where it has been cultivated to the greatest extent, and with unequalled success, it was introduced at a later period. It was only at the installation of the new schools of medicine, in 1794, that the revolution laid the foundation of a regular clinical organisation. At this time Corvisart and Desault were appointed the first clinical professors—the one of medicine, the other of surgery—in Paris; and amongst

their pupils, and immediate successors, are to be found that crowd of illustrious men who have justly obtained the admiration of Europe. It has been remarked, by Dupuytren, of the clinic of Corvisart, that "there, during nearly fifteen years, were formed almost all the eminent physicians whom France could number, and crowds of foreign physicians thronged there to complete their education." Clinical lectures were not delivered in London until, I believe, the commencement of the present century; and after their introduction they appear to have been discontinued, for Dr. Billing states that at the time he adopted the practice in 1822, there were none given in London: since that time clinical instruction has been given with greater or less regularity in various places, and from the first establishment of our hospital, it has constantly obtained a prominent share of attention in this school. It is gratifying also to reflect that, through the enlightened liberality of a friend of this college. the council have been enabled to hold out an additional inducement to the practical observation of disease, by awarding, annually, two clinical prizes to the students who shall most distinguish themselves by reports and observations on the medical cases occurring in the hospital.

But, Gentlemen, if the medical officers of hospitals have greater facilities and stronger motives than other physicians have for the observation of disease, a corresponding amount of responsibility is imposed upon them. It is their duty to see that the large opportunities which they enjoy are not wasted; and to them, above all others, the profession and the public have a right to look for such careful observations as may be expected to contribute to the progress of the art. I hope no one will be ready to accuse me of presumption, if I state that I shall ever regard this as a distinct and important department of my duty. If I thought that genius or high intellectual powers were indispensable to the labourer in such a field, I should not be forward to engage myself in it. The astronomer does not imagine that he is arrogating to himself the genius of a Newton or a Herschel, when he undertakes to make and to register daily observations of the heavenly phenomena, yet he does not doubt that his labours may be of service to the science he cultivates. The man of genius will observe more and better than another, and especially he will make his observations more fruitful; but every one with industry, honesty of purpose, average good sense, and favourable opportunities, may contribute his mite to the common stock. What has been observed by a distinguished living philosopher of the other physical sciences is equally applicable to medicine. "There is scarcely any well-informed person who, if he has but the will, has not also the power to add something essential to the general stock of knowledge, if he will only observe regularly and methodically some particular class of facts which may most excite his attention, or which his situation may best enable him to study with effect." —(Herschel's Preliminary Discourse on the Study of Natural Philosophy, p. 133.) But it is my duty not only to labour for this object, but as far as I am able to engage you to do the same; to convince you that it is practicable to attain it; to cultivate your taste for the work, and to train you in the practice of it, that when you go forth into the world you may not fail in your high calling; and that, whether engaged in private practice only, or likewise in dispensaries, poor-houses, or hospitals, you may take your part in the noble task of accelerating the advent of an era in which the advancement of medical science will be much more commensurate with its importance to the interests of humanity.

From this slight survey of the field of my future labours, the task upon which I am to enter will be seen to be a most arduous and responsible one. Much of the ground remains still to be cultivated, and the labour must, therefore, be proportionately great, but the fruit to be matured is most precious, and will amply reward the toil. To secure a return at all worthy of the object, however, would demand not only unremitting application, but the highest abilities and the greatest experience. If, therefore, I feel flattered in having been selected to perform such a duty, this feeling is instantly checked by the recollection of the great responsibility which the undertaking imposes. I know well my inability to approach the standard which some may be able to reach; but, as much as my strength and my ability will enable me to accomplish, I am prepared to engage myself to perform. Many of you know that the subject of clinical medicine has long been my favourite pursuit, and that I have devoted much time to its study in the midst of abundant materials, and with the advantage of excellent teachers. In entering upon the duties of such an engagement, it is satisfactory to me to know, that I shall be supported by the co-operation of some of my former teachers, and that my time will be spent in the instruction of gentlemen whose industry and intelligence will lighten my labour, and whose past conduct affords the best assurance that they will receive with indulgence whatever imperfections may be found in the efforts of those who really desire to assist them.

VERATRIA IN DYSMENORRHŒA.—Dr. Bushnan, of Castle Cary, Somerset, recommends an ointment of half a drachm of veratria to an ounce of lard in dysmenorrhœa; a portion of the size of a hazel-nut to be rubbed three or four times a-day on the sacrum. "My recommendation," he says, "is founded on experience."—*Prov. Jour.*

EXPOSITION OF A METHOD EMPLOYED FOR THE

CURE OF CONSUMPTION,

BY FRICTIONS WITH

OLEUM ANIMALE FŒTIDUM,

CONNECTED, AS REGARDS THE PRINCIPLES, WITH THE "LARD-CURE" AND "INHALATIONS."

By Ulric Palmedo, M.D., of Berlin.

[Translated from the German original edition, published at Berlin, 1840.]

CHAPTER I.

INTRODUCTORY OBSERVATIONS.

The examinations and observations of cases of cures by inhalations, hitherto mostly spontaneous in this terrible disease, which an English author had related as having fallen under his inspection in living persons as well as in bodies after death, were striking; and his explanation of the process resorted to by nature to heal pulmonary tubercles was so evidently in harmony with her laws, that it left a powerful impression on my mind. On my becoming acquainted with his theory, nothing appeared more important than to select in course of practice such cases as were best calculated to make trials of his method. The results, however, did not correspond with my, perhaps, too sanguine expectations; and the same failure may possibly have been experienced by other physicians: for, if the method has not yet sunk into total oblivion, it certainly appears to have met with neglect, not only on the continent, but even in Great Britain. I, nevertheless, shall compute my want of success not alone to the insufficiency of this method, but, possibly, to defects in its application. I, indeed, prescribed the inhalations in exact conformity with the instructions of the author, and, in one case, during six entire months. Still, I observed but small changes, and, in general, scarcely any amendment whatever. The cough, on the contrary, often increased; the malady generally continued its regular progress with such slight oscillations as are commonly observable in this disorder, and the patient at last grew tired of a remedy which appeared to be ineffectual. Besides which, indications of a clearly-defined and urgent character obliged me to recur to the usual modes of rational treatment, which, though not followed by any important success as to the radical cure, nevertheless offered an opportunity to combat incidental casualties, and to obtain a respite. Still these cases may have been of such a nature, that either the disease had already caused too powerful a destruction of the lungs; or, from some other reasons, they were improper for this treatment; or, lastly, the inhalations had not been applied and followed up with the necessary perseverance and punctuality.

Thus, whilst conceding the justness of the principles on which the method was founded, physicians, nevertheless, appear to be under the necessity of declaring the practical insufficiency of the remedy, viz., the reinforced inspirations; by the operation of which it was contended that the air-cells became expanded, a sort of pulmonary emphysema was formed, and the diseased parts of the lungs consequently compressed, approached to each other, and healed. To form these inhalations, the author simply recommended atmospheric air and aqueous vapours; and, merely with the view of increasing the confidence of the patient, he advised a handful of hops, ether, a little vinegar, or a tablespoonful of spirits of turpentine, to be added to the warm water in the inhaler, whilst he was convinced that the healing effect solely depended on the increased vigour of inspiration. However, on witnessing and perceiving the inefficacy of these inhalations of air and of water-steam, at least in the greater part of phthisical cases, I thought it right not to omit making a trial of other substances endowed with medicinal virtues. I conveyed tar, turpentine, and creosote into the receiver which contained the steam; the latter of these three substances still enjoying at that time the fame of an almost general medicine, and of possessing peculiar powers with regard to consumption. But the results of these experiments were still less satisfactory than the former. For, although I had most carefully selected cases of a very chronic character, where the irritation of the respiratory organs existed in the lowest possible degree; yet all these medicines (the carbonic acid and the creosote in a greater, and the tar in a less degree) occasioned a violent and constant cough, accompanied by difficulty of expectoration, and caused an irritation of the air-channels and a quicker pulsation.

I thus was entirely diverted from pursuing such experiments, and I conjectured that the treatment recommended could only be properly applied during the first stage of consumption, or where the object was to check and correct the mere predisposition towards this disease. For, as to the theoretical truth of this method, experience evidently establishes it, by showing that persons who are asthmatic, or epileptic, and whose lungs are kept in exercise, that is, in expansion without irritation, are free from this malady, even in spite of a natural tendency to it; and that this disease is even sometimes cured by Nature herself causing a permanent catarrh, which eventually produces a dilatation of the air-cells, i.e., the *emphysema vesiculare* of Laennec. But the same experience, both before and since those observations were published, instructs us that, if, with the view to produce the emphysematous state to which Nature sometimes resorts, we content ourselves with bringing it on, in a mere mechanical way, by means of increased inhalations,

such endeavours will meet with no success, or with imperfect success in rare and slight cases only. For this artificial expedient is not only mechanically too feeble, but dynamically it operates too strongly, and with too great an excitement, on the lungs, already too much irritated and too highly affected by the ordinary quantity and quality of the inhaled air. This remedy, therefore, in this respect, but favours the progress of the disease.

A case came under my observation where the cutaneous eruption of a female required the use of *oleum animale fœtidum*. It struck me that this person, who never previously laboured under any sort of inconvenience in the respiratory organs, now began to complain greatly of difficulty of breathing, and imputed this troublesome sensation to the extreme penetrative smell of this medicine, which, to use her own words, took away her breath. Her inspirations, indeed, were deeper, but less frequent, and an increased exertion was requisite to effect them. This observation, however important, and likely to lead to the discovery of the qualities of this substance, and to the comparison of the peculiar effects of various vapours on the organs of respiration, did not immediately bring me to any further conclusion or application, to which I was afterwards urged by the almost simultaneous occurrence of the following two cases.

Case I.

C. U., sixty years old, by profession a lace-maker, whose mother is said to have died of consumption, is a married man, and father of several children still living. He states that he has been often attacked for successive years during the winter season by coughs, straitness and tightness in the chest, and shooting pains in the left chest. Three years ago, during the winter also, he states that he had an attack of a pulmonary inflammation with cough and spitting of blood, for which venesection had been prescribed. Since that time cough and expectoration have continued. A similar inflammatory attack had taken place in the month of December, 1837, for which he was again bled. For a short time he grew a little better, but the cough soon became more frequent, obstinate, and violent, and the expectoration more copious; he lost strength, and rapidly grew thinner.

When I was called in, which was on the 15th of April, 1838, I found him confined to his bed, which he had kept for nearly six months. Such was his emaciation, that he resembled a skeleton; hectic fever prevailed to an extreme degree; his pulse before noon rose to 108 in a minute; colliquative sweats during night; total absence of appetite; but no appearance, as yet, of diarrhœa. A frequent, continuous, and indomitable cough, attended by copious expectoration, was exceedingly troublesome; the daily ejected matter filled a large water-glass, and presented all the qualities of phthisical sputa; these mostly sunk in the water, and where connected in their inferior surface, they formed an homogeneous and greyish sediment, but otherwise appeared like conglobate cloudy masses. The respiration, not much accelerated, was superficial, and took place without exertion, but without pain, except when he was lying on the left side. The chest was excessively lean, flat, sunken, almost concave, and, as it were, ossified. Percussion offered a dead sound on the superior part of the right chest; below the third rib of the same side, on the contrary, the sound was regular; but a much worse one proceeded from the left, where percussion was painful to a degree, as it also was, though less so, in the superior part of the right side of the lungs. On examination by auscultation, the respiratory murmur was heard distinctly and regularly in the entire lower part of the right chest, but very indistinctly in the greater part of the anterior aspect of the left chest; on the contrary, in the posterior and lateral parts of this same left side the murmur was very clear, whilst it was totally absent in the subclavicular regions of both sides; and in its stead there prevailed at these places an extensive mucous *râle* or rattle; and even a distinct cavernous rattle was audible in the right superior lobe, whilst the other portions of the lungs were altogether free from it, except some deeper situated parts of the left lung where some phlegmy crackling rustle could be distinguished. A hollow breathing and a cavernous rattle in the anterior region of the right chest bore testimony of a cavity, the existence of which was still more strongly confirmed by the pectoriloquy which was heard there in a most distinct and striking manner.

Diagnosis.—A spacious and old excavation in the superior part of the right lung; mollified tubercles, and probably some small excavations commencing in the left lung; a more extensive condensation on this side, but the greater portion of the lungs free from it; expansion beginning to come on in the air-cells; phthisis in the commencement of the third stage.

It happened that the patient's wife was affected with a psoriasis which had lasted many years, and had spread over her whole body. She inhabited the same small room, luckily exposed to the southern aspect. Remembering the peculiar effects of the fœtid animal oil on the respiration of the female previously mentioned in the introduction, and likewise calling to mind the assertion of Dr. Ramadge, that asthmatic persons are exempt from pulmonary consumption, and that an asthmatic state of the lungs is produced as well in the cases where nature cures the phthisical disease, as also in those where his method of inhalations is resorted to, I immediately resolved to make trial of this oil, which I had always found peculiarly efficient,

for the cure of the above-named form of eruption; and, in consequence, I proposed to the woman to submit to a treatment of this nature, with a view of removing her tedious suffering, whilst I, at the same time, wished to observe the effects of this remedy on her consumptive husband. My proposal being accepted, after a previous scarification I immediately prepared for the cure of the psoriasis, which, in fact, completely succeeded, but late, after a repeated application of this oily remedy, and with the additional aid of frequent blistering. At the commencement, however, and long before I made progress in this cure, I was obliged to discontinue this treatment, because the phthisical husband, bed-ridden in the same confined apartment, could no longer bear the extremely penetrating odour. The clothing, as also the bedding, being strongly impregnated with this oil and its evaporations, the opening of the windows could scarcely correct the infected air of the room. The smell was, in fact, so offensive, that not only the house of the patient but likewise the opposite one was infected: in short, the patient could not respire without the greatest effort, and, with his mouth wide open, he appeared continually gasping for breath. He endeavoured to reinforce his inspirations by exerting all his muscles in every possible way; the *sterno-cleido-mastoidei* were in perpetual and convulsive movement; he found some slight alleviation only by an upright posture in his bed, with his neck stretched out, and both hands taking hold of the bedstead; nor could he bear any thing that impeded the expansion of the chest; the lightest covering there oppressed him, and even his shirt was scarcely suffered to hang loosely on his shoulders. To my great astonishment, however, I found, after a few weeks, not only an amelioration of his wife's psoriasis, but, beyond my expectation, a complete cure of his consumption.

At first, I had almost begun to repent of my experiment. But that which caused so many torments, and appeared to be accelerating death, led, in fact, to the preservation of his life: for already, on the second day after the first appearance of his asthmatic state, there was a diminution in the frequency, as well as the intensity, of his cough, and consequently in the quantity of the expectorations; and this decrease improved in proportion to the increase of the asthma. Within the first week his pulse grew slower and fuller; the hectic fever, together with the colliquative sweats and the œdema pedum, entirely disappeared; strength gradually returned, and the patient was enabled to leave his bed in three weeks. At the end of five weeks there remained only an occasional cough, which was of short duration, and by starts, and generally accompanied by no expectoration whatever, or now and then by some ejection of ordinary phlegm. Of the many later cases corroborative of the surprising effects of this remedy, I found none which equalled this in regard to the quickness of the cure, which, in this instance, could be looked upon as having been completed within the short space of six weeks. This, possibly, may have been owing to some peculiarity in the state of disease of this patient, to his age, his constitution, as well as to the favourable combination of several external circumstances.

About seven weeks after the first friction with the oil, his wife, in the hope of curing her own malady, submitted to a repetition of the same treatment, which was conjointly to confirm the cure of her husband. On this occasion he undertook the operation of frictions of those places at least which she could not conveniently reach; and, to guard against too strong an effect of the medicine on his lungs, and to avoid the consequences which had before caused his extreme suffering, but also his recovery long despaired of, he took the precaution to cover the lower part of his face with an apron. Nevertheless, during the three weeks of this second treatment, his breathing again became difficult, but not so much as to prevent him from continuing the operation of frictions.

The patient has now been eighteen months under my inspection; his asthmatic state has gradually yielded to a proper internal treatment, and has diminished to an extraordinary degree; he has become so accustomed to what still remains of it, that it does not greatly inconvenience him. Cough and expectoration have altogether disappeared. Although he is still much reduced, being naturally of a spare habit, he, nevertheless, has comparatively increased in flesh, and has recovered his strength, which is now proportionate to his age and natural constitution. He is thereby enabled to take long daily walks, and to attend to his calling and employment, which he had been compelled to neglect for so long a time. I should here mention the remarkable changes that have since taken place with regard to his respiratory organs. The thorax, before so flat and sunken, is now evidently heightened and fairly vaulted. I am sorry that I omitted to measure the dimensions that relate to it, both before and after the treatment. The chest, moreover, has not only improved in extent, but to a still more striking degree in mobility; hence the hypertrophical muscles of his neck. Percussion, it is true, still presents a somewhat deadened sound in the superior parts of the anterior and posterior regions of the lungs; but the difference between this sound and that of the healthy regions of the lungs, is far less than it was before the treatment, although the sonorousness has also in these latter parts become somewhat greater. I, likewise, think I have observed a decrease as to the superficial extent of this still somewhat dead sound in the upper parts of the chest; but the proportions of extension are not so dis-

tinct in my memory as those of its intensity. Still greater are the changes which auscultation offers. The respiratory murmur which formerly was nearly extinct in the two upper regions of the lungs, and had suffered an irregular diminution within a wide extent of the anterior part of the left chest, is now distinctly heard in all these regions; whilst it is remarkable that it is become more feeble in those parts which formerly were healthy, and where now the sonorousness on percussion has been somewhat increasing. In both infra-spinal and infra-clavicular regions, a strong blowing, tracheal respiration can be distinguished. The mucous rattle, formerly so audible, and the cavernous one in the subclavicular regions, have disappeared, and only a feeble, phlegmy crackling rustle is still heard there in some detached parts: that pectoriloquy also had vanished, which presented itself so distinctly before the treatment. I have to add a supplementary remark, that the patient, during the autumn and winter, subsequent to this cure, has been affected with various hepatic complaints, and with cardialgia: both, however, yielded to a persevering use of dissolving remedies; and nothing remains but an increase of the liver, which is somewhat hard to the touch.

Some time after, I learnt that the brother of the woman whom I had never met with, dwelt in the same room with this couple, and had complained greatly of the insupportable and suffocating stench of the oil, although neither she nor her two sons had been much affected by it, and that he also had on that occasion been cured of a troublesome and violent cough and considerable expectoration. I mention this assertion of the woman merely by the way, and without attaching much importance to it, as I have had no opportunity of examining, either at the time or afterwards, the state of this person and the nature of his cough.

Remarks.—My former experiments, which had been undertaken according to the method of inhalation recommended, with a well-founded prospect of success, but had nevertheless failed, having now been so happily and unexpectedly rewarded by this remarkable cure with the fœtid animal oil, I forthwith, and with a redoubled zeal, sought for every opportunity which could afford further trials, perhaps confirmatory of the efficacy of this remedy; for one sole observation not only cannot satisfy experience, but this particular instance was, besides, of so extraordinary a nature, that I might almost consider myself under some illusion in respect to it. I also felt the necessity of procuring more accurate indications, and a more definite knowledge of the mode in which this remedy developes itself, of its limits, and especially of the most proper method of its application.

To avoid prolixity, I shall communicate at once some few of the more interesting and important of these later experiments, and then proceed to note the general results of all my observations.

Case II.

F. B., twenty-nine years of age, whose parents are still living, is a widow, and mother of two children. She shows no very marked phthisical habit; traces, however, of an earlier scrofulous diathesis cannot be mistaken. She does not remember to have ever been affected by any serious disease, either in the chest or of any other kind, and has always regularly menstruated: but since the autumn of 1837, she had felt a straitness and tightness in the chest, particularly on ascending steps, or on walking quick; and this sensation had been attended by a frequent and dry cough, and a slight straining pain across the chest. At the commencement of the following March, she was attacked by a more severe and febrile pneumonic affection, the unquestionable inflammatory character of which required immediate bleeding. The violence of the greater part of these attacks subsided, indeed, in consequence of this venesection; but the advantage thus obtained was only temporary. Week after week her health became worse; a respiration, somewhat accelerated but superficial; a frequent protracted and violent cough, which was brought on whenever she fetched a deep breath; erratic shooting pains; an undetermined expectoration; a pulsation somewhat irritable and quick (100 per minute); small exacerbations of fever, which appeared regularly towards evening, and want of appetite, were, each and all, of such a nature, that they would not yield either to a consistent use of remedies resorted to under similar circumstances, or to time.

She gradually wasted away, and general debility became daily more visible. Expectoration increased to an alarming degree, and acquired the indubitable symptoms of a phthisical one. Numberless grains of tuberculous matter, dispersed upon the bottom of the glass, no longer permitted a doubt of the reality and malignity of the disease, of which I had a complete confirmation in the month of May, by my repeated physical investigation of the thorax, the formation of which, more than her general habit, bore strong evidence of a tendency to this malady and its effects. The chest is not merely narrow, but also sunken flat, and greatly impeded in its play and moveableness. On percussion, which particularly pained her, in the left infra-clavicular region, a very flat, dull, and dead sound was heard on both sides of these regions, and extended itself on the left below the third rib; but percussion on the infra-spinal region produced no very irregular sound. In all inferior places of the thorax the sound was perfectly natural. In these latter places, also, the respiratory murmur was distinct, regular, and free from phlegmy or other rattling; but it was very feeble in

the superior part of the right lung, where, at a particular place, it was not audible at all, being possibly deadened by other noises that prevailed there. This respiratory murmur was totally absent in the anterior part of the left lung, where, in its stead, a widely extended mucous rattle was distinguishable, and a loud and strong bubbling sound under the collar-bone. Here, it appeared to me, I discovered a pectoriloquy, however indistinct. In the corresponding region on the right, no pectoriloquy was observable, but only a phlegmy rattle, which lower down changed into a mucous crackling.

Diagnosis.—An incipient excavation in the left lung; crude tubercles and pulmonary condensation in the superior part of the right lung; the other portions of both lungs in a healthy state; consumption at the end of the second stage: the pulsations of the heart presented no deviation with regard to extent, vigour, and quality.

In the beginning of June I prepared this patient for a regular and methodical cure with the *oleum animale fœtidum*, which soon gave prospects of the same favourable results as have been related in the preceding observation; for on the fourth day the patient complained that this medicine rendered her breathing so extremely difficult, that she could no longer cough, although she felt a constant incentive to do so: of the truth of which I became convinced during a visit of half an hour, and every successive day came to confirm it. A remarkable change was meanwhile taking place; the cough, which formerly made its appearance at least every fifth minute, and often lasted for one or two, now became so rare, that I seldom heard it during my rather prolonged visits; nor was the patient longer troubled by it during the nights, which she had hitherto passed almost without getting sleep or rest. Her expectorations became more easy, and a few and slight fits of cough sufficed to promote them: their quantity on the fourteenth day was five times less, but the quality had as yet not much changed. The sputa were still the same masses, mostly sinking in the water, globose, furnished with a long and vertical continuous streak, and forming a dusty sediment on the bottom of the glass; her appetite also was restored in a short time. These progressive symptoms of recovery were attended by an asthmatical dyspnœa, which had taken a distinct character, and disturbed the patient so greatly, that I had some difficulty in persuading her to continue the cure. Her efforts at every inspiration were clearly visible on the muscles of the neck and the face. In the forenoon the changes of the pulse were less striking than the other alterations, but the exacerbations of the fever in the evening had diminished in the very first days, and soon became nearly imperceptible.

On the eighteenth day of the treatment the pulse grew somewhat more irritable and quick, the afternoon-fever more distinct, the respiration more accelerated, and the oppression of the chest stronger. The patient complained of stretching and shooting-pains across the chest; the cough attacked her more frequently, and became abrupt and dry; expectoration was at the same time almost entirely suppressed, so that all she ejected consisted in a mere frothy phlegm. I therefore suspended for some days the use of the oil, whilst leeches were applied, and antiphlogistic and calming medicines were resorted to: by these means, in fact, this little attack was soon repelled, and expectoration again grew more easy and dense, but it also threatened soon to reach its former dangerous extent: I, in consequence, lost no time in resuming the principal cure that had been broken off, and ordered her to continue the frictions with the most persevering accuracy during four other weeks. It was now chiefly that the favourable effects of this oil became completely evident: in the very first days the cough again became rarer, shorter, and less vehement; there was likewise not only a diminution in the quantity of the expectoration, but the sputa also lost their purulent quality, and offered the aspect of a simple catarrhal phlegm. The patient could likewise bear the fœtidness of the oil much easier than before: for, although an asthmatic state had again been brought on, and though she drew breath with increased effort and deeper inspiration, yet the oppression and the want of breath, and the feeling of tightness and straitness across the chest were much less troublesome. A vesicular eruption, of a most itching and molesting nature, which had made its appearance on the chest within the first three weeks, which had preceded the suspension of the oily frictions, now disappeared. Fever and sweats totally vanished: her restored appetite not only put a stop to emaciation, but, in conjunction with the moral influence which such daily progresses and the prospect of a speedy and complete cure must necessarily have on the patient, it had operated so favourably, that four weeks after the second application of this treatment the patient regained her former strength and cheerfulness, and, in short, could be pronounced effectually cured. In order, however, to guard against a relapse, or an impairing depravation of the disease, the use of the fœtid animal oil was left off gradually, and this main treatment ceased only when no further chances of relapse were to be apprehended. To confirm the cure and to strengthen her lungs, the patient was for a considerable time instructed to expose in her room a small board slightly rubbed over with this oil.

At this moment, after the lapse of about a twelvemonth, no other changes have been observable but such as manifest her radical

and permanent cure. Cough and expectoration no longer exist; the voice, before rough and hoarse, is now clear and sonorous; the sole remaining trace of former complaints are, at times, and after strong bodily exertion, observable in a tightness of the chest, attended by some pain, and a slight difficulty of respiration, which, however, is of quite another description from that which she had felt before the cure, and which is peculiar to consumptive persons, because the respiration is neither accelerated nor superficial, but, on the contrary, more rare, slower, and stronger than in the ordinary state of the human frame. Each inspiration is deeper, fuller, and made with greater exertion; and to effect it, not only those muscles are brought into play which are commonly employed for that purpose, but activity is also required of the auxiliary respiratory muscles, so that the larynx lowers during the inspiration with a sort of convulsive spasm, and the shoulders incline rather forwards. This is most observed when she speaks; for then every occasional protracted period is interrupted by an involuntary and spasmodical inspiration. The physical investigation of the chest by percussion and auscultation presents such changes as fully correspond with her actual state of health.

Case III.

S. M. is twenty-nine years old, tall, and of a slender shape, but in other respects the phthisical habitus is not particularly defined: she has given birth to three children, to the last on the 1st of March, 1838. She states that she has been subject to frequent bleeding at the nose in her earlier years; till three years ago she was affected by a cough and spitting of blood, after having previously suffered for some time from pains in the chest. Her convalescence having taken place, she was again attacked by a pulmonary inflammation in the month of May, 1837, and consequently previous to her last pregnancy. Her youngest child died about the middle of May, 1838; a violent cough appeared immediately afterwards, and from this time she fixes the commencement of the disease I am now describing, which with a speedy progress reached that high degree wherein I found it. On more accurate inquiry, however, I learnt that immediately after the birth of the last child she had been affected with a difficulty of respiration, with pains in the chest, and a short and dry cough. I shall give an adumbration of the state of this person when she came under my inspection on the 14th of June. The patient had fallen away to a great degree; still the projection of several muscles showed that they must not long ago have possessed a tolerable development and force. She complained of extraordinary weakness, faintness, and languor: for a fortnight she had been unable to leave the house, and could scarcely stand on her legs. The colour of her face was of a dirty-greyish cast, except at stated periods, when an hectic flush appeared on her cheeks. There was also a frequent, violent, and hollow cough, accompanied by difficult but copious expectoration, which had all the pneumo-phthisical characters, and in which, at the bottom of the vase, I frequently discovered detached particles similar to grains of rice, and sometimes streaks of blood. The voice was rather hoarse; the respiration not much troubled, except that any deep inspiration occasioned a coughing fit. The chest was miserably wasted, and almost flat; the left half considerably smaller in circumference than the right, showed also less movement during respiration. Percussion presented everywhere a fair sound, except in both superior anterior regions of the chest, where it differed but little from the sound of the heart. This sound on this region of the right side was still more dull than on the corresponding one of the left. The respiratory murmur was likewise distinct and clear, except in the said two regions where it was totally wanting. A loud boiling noise, and a distinct cavernous rattle were perceivable under the left collar-bone, as low as the third rib; and pectoriloquy could be distinguished there to such a degree of extent and force as I have seldom met with: I discovered a strong mucous rattle in several places of the corresponding regions on the right. It struck me that percussion produced a clearer sound on that side where auscultation manifested the greater destruction; and I am inclined to explain this phenomenon by the size of the excavation on that place, and by the thinness of the parietes of this cavity. The patient likewise complained of stretching, shooting, and pricking pains in the upper parts of the chest, which were particularly dolorous on percussion. I constantly found the pulse quick, small, and rather hard. She was attacked invariably twice a-day by a chilliness succeeded by heat, on which occasions the cough became more frequent, the expectoration more scarce and difficult, and the pulse still more quick and hard. Profuse sweats in the night, and a too copious expectoration in the morning, procured a transient alleviation. She had scarcely any appetite. The other functions were as yet undisturbed, except her menstruation, which had not taken place during a period of two years.

Diagnosis.—Tuberculous infiltration, with a commencing formation of an excavation or excavations in the upper lobe of the right lung; an enormous excavation on the top of the left lung; the other pulmonary parts sound; phthisis in the commencement of the third stage.

After a previous small venesection, and a short but energetic internal antiphlogistic treatment, the patient submitted, on the 20th

of June, to the operations of the animal fœtid oil. Forty-eight hours afterwards this remedy had developed its salutary powers with such striking results, as scarcely could be effected by any other medicine in any other disease. The cough, which formerly tormented the patient every five minutes, was so diminished, that frequently it was not heard for half an hour. It had, besides, changed its former character; it was no longer that hollow shaking cough which lasted many minutes, but merely consisted in one or two slight momentary fits, occasioning an easy expectoration, as happens in the stage of resolution after a pneumonia. The consequence of this abatement in the cough was a decrease in the discharged matter. It was not, however, with a corresponding celerity, but only gradually, that this expectoration changed its former purulent nature; yet it lost, by degrees, its greyish colour, remained suspended in the water, and assumed the aspect of catarrhal sputa. These favourable changes soon had the most beneficial influence on the general health of the patient: for the shooting pains in the chest having considerably diminished after a few days, the pulse became slower and less excited; the exacerbations of the fever in the forenoon ceased entirely; those only in the afternoon could still be observed by an accelerated pulsation; the profuse and debilitating sweats disappeared; the patient was enabled to sleep during the whole night, undisturbed by coughs; and the appetite returned, so much so, that a more strengthening food was to be provided for.

The treatment, of which the above is merely a faint sketch, was continued with perseverance for the space of three weeks, when a suspension became necessary, for the following two reasons. In the first place, an eruption, which on the tenth day had broken out in the form of small vesicles on the breast, now caused an intolerable itching; and secondly, and rather chiefly, the discontinuance was commanded by an intense inflammatory affection of the lungs which had arisen, and was now added to the asthmatic difficulty of respiration. This latter had been produced under appearances entirely similar to those described in the preceding two observations. But, now, this asthma changed into dyspnœa; the respiration was frequent, quick, and superficial. Shooting pains, and a stretching across the chest, a short and frequent cough, an increased expectoration, an accelerated pulse, &c.; all these appearances having lasted for two days, there ensued an ominous cough and spitting of blood. A small venesection was immediately resorted to, the use of the oil was suspended, the sick chamber aired, and an antiphlogistic treatment adopted. The inflammatory symptoms having thus subsided, the former treatment was resumed, and continued with unremitting attention for three more weeks. Nor was there any cause to repent this severity, the progress during this time being almost more favourable than during the first period of the cure: for there came on not only a decrease, but a cessation of the expectoration and the pains in the chest; and the entire constitution soon improved to such a degree, that the patient was enabled to rise and to take daily walks. On the 20th of July menstruation reappeared for the first time after two years, and has since continued with regularity. I imputed the reappearance of the menses to the ammonium muriaticum, which is highly spoken of by some physicians as an emmenagogue, and in this case had been made use of almost continually during six weeks. An investigation of the chest, which was repeated about this time, presented the same results which have been stated to have taken place in observations 1 and 2. As early as the 15th of August, the patient entered without my knowledge and against my wish into a laborious service. The consequence was, that, a fortnight later, she again came under my care. But her disease now consisted merely in an acute bronchitis, to cure which, and in consideration of her anterior state, I immediately applied a venesection and an antiphlogistic treatment. She recovered after the lapse of eight days, so as to enable her to re-enter the service; and the remains of the catarrhal cough and the expectoration entirely disappeared. I have repeatedly seen her since, and had the satisfaction of being convinced of the continually improving state of her health, and of the radical cure of her consumptive disease.

Case IV.

A. F. is twenty-nine years old, unmarried, and the daughter of parents who both died of pulmonary consumption; though weakly, she has been tolerably well in her early youth, and, about eight years ago, had an illegitimate child. Menstruation, which had commenced in her sixteenth year, had ceased two years and a half ago. She affirms that four years ago, being very warm after a walk, she had suddenly caught a violent cold, which was immediately followed by a dry cough that lasted three months: she was subsequently affected for the first time by a cough and spitting of blood, accompanied with shooting pains in the upper region of the left lung, oppression in breathing, and a sense of tightness in the chest. Six months later, on the reappearance of the cough and spitting of blood, the expectorated discharges became gradually of greater consistency, more purulent and copious; they had frequently an offensive smell, and hæmoptysis came on repeatedly. In the month of July, 1837, the pectoral disease, and emaciation and debility had so increased, that the patient was obliged to enter one of the medical institutions of this metropolis, where, with the

exception of letting blood at the foot and of several foot-baths, nothing was prescribed but linseed-tea. Dissatisfied with so simple a treatment, as well as with its results, she, at her own discretion and expense, made use of the lard-cure during five weeks, and with a rather favourable effect; for the cough sensibly diminished, as also the quantity of discharged matter. The other consequences, however, which the patient ascribes to this cure, are remarkable: for, as expectoration diminished, the chest became contracted, and there arose an oppression, a sense of internal soreness, and sharp pains in the chest: she therefore thought it necessary to desist, and left the institution about Christmas in a somewhat improved state. But the severe and protracted cold of that winter impaired her health to such an extent, that she remained bed-ridden for more than four months, and her physician gave up all hope of saving her life.

It was in the commencement of August, 1838, when I, for the first time, examined the state of health of this person. A disease of so many years' standing had caused so great a degree of decline and desiccation, that I scarcely ever recollect any similar instance to have fallen under my observation. The face alone appeared to be in some state of preservation; for, although pale and thin, it was not fallen in, and had a juvenile aspect, without any great expression of suffering. The general frame of the patient displays no very marked tendency to consumption, except the thorax, which is of a too narrow and compressed a structure. A supine posture was the most convenient for her, and when lying on the right side she suffered most. On examination, I found a frequent and strong, but not very continual nor tormenting cough, accompanied by an easy and extremely copious discharge of matter, evidently purulent; no remarkable dyspnœa, except after any particular effort; each deeper inspiration occasioning painful coughs; the voice clear, but low; a very small, feeble, and quick pulse (112, p. m.); regular exacerbations of the hectic fever towards evening; extremely profuse night-sweats; attacks of diarrhœa since several days, which, however, may have been independent of her consumptive state, as this distemper was at that time epidemic in the city; a great loss of appetite; the feet sometimes swollen, particularly after sitting for a long time; the nights sleepless, being disturbed by the cough.

On my local examination of the chest, I observed the left side of a somewhat less circumference and mobility than the right one. On percussion of the left side above the nipple, a dead sound was emitted, whilst that on the corresponding regions of the right side was not so dull, but irregular in a wider circumference. Here, also, percussion was very painful. In all the lower regions the sound was regular, or even clearer than usual; and these places also offered an ordinary and rather distinct respiratory murmur to auscultation. But this murmur could not be distinguished above the third rib on both sides, being either wanting or covered by other sounds that were clearly heard there. The phlegmy and boiling rustle, which on the left side rather resembled a continual rattle, could not be perceived in any of the inferior regions of the lungs. The patient herself could distinctly hear and feel where impediments obstructed the entrance of air, and where they gradually ceased to exist during the course of the treatment: her statements, in fact, tolerably corresponded with the results of stethoscopy. Pectoriloquy in the upper regions of the left lung was also more distinct, and existed in more places there than on the right side; in neither side, however, was it particularly characteristic. The pulsation of the heart was regular, except as to quickness.

Diagnosis.—Many and old excavations in the superior lobe of the left lung; later and less spacious caverns in the superior regions of the right one; on the contrary, in this lung a more extensive condensation of the pulmonic parenchyma; a very chronic form of consumption in its last stage, with an hereditary, but not strongly-developed, tendency towards it.

Encouraged by earlier experience, of which I have related three instances, I had acquired a much greater confidence in the *oleum animale fœtidum*. The present case offering no contra-indications, every circumstance, excepting only the very ominous one of the extraordinary length and high degree of the disease, affording hope of a favourable issue, and there being no time to be lost, I commenced the next day to apply my method, the propitious effects of which were perceptible within the first forty-eight hours; as cough and expectoration diminished, the evening-fever became lower, and the night-sweats almost ceased. But here progress stopped, although the treatment was continued during three weeks. The cough remained frequent and strong, the expectoration copious, the pulse quick, the appetite low, and her strength did not increase. The patient, long since given up by the physicians, despaired of a possibility of convalescence by this or any method of curing, and refused any longer to submit to a treatment so offensive to the smell and so distressing by the increased difficulty of breathing. I myself began to abandon hope, and almost to admit doubts as to the efficacy of the remedy in general: but from the very first week I had suspected that the patient did not punctually observe the prescriptions. I reproached her for this negligence, and insisted on more strict attention to my directions. She invariably excused herself by contending that she could no longer bear the torments which this remedy inflicted, by in-

creasing instead of alleviating her sufferings; and, one day when I was prevented visiting her, she suspended the cure altogether. The cough then immediately reappeared with increased violence, the patient was scarcely exempt from it during three minutes, and a speedy dissolution must infallibly have taken place, if this state had lasted a few days longer. By acting on her fears, and encouraging her by hazardous promises, as also by recalling to her recollection the success which had attended the commencement of this treatment, I induced her to submit to a repetition, as well as to observe punctually every measure that might be hereafter prescribed.

She suffered extremely during the first five days of the recommenced and reinforced application of the oil. Under the tortures of anguish, oppression, and a great internal heat, her breath was taken away to such a degree, that she constantly believed herself to be in danger of suffocation. Her only relief was in sitting upright in the bed, whilst supporting herself by both hands on the bedstead; and, even then, she often entreated to be allowed one sole draught of free air. But very soon it was not necessary to urge her to obedience. On the fifth day there appeared such favourable changes as disposed her to an attentive use of the remedy, and amply rewarded her for her former torments. The cough had diminished into an unfrequent fit; the expectorations, although of bad quality still, filled at the utmost three spoonsful within twenty-four hours; pulsation lowered to 100 in a minute; and the colliquative sweats disappeared entirely. On the eighth day I observed many streaks and some detached small lumps of blood in the expectorated matter, several masses also had a sanguineous colour: but as the difficulty of breathing and the cough were rather diminishing than increasing, and no token, either general or local, could be perceived of an inflammatory irritation, I ascribed this bloody secretion to some laceration of an air-vessel, or to a veinous congestion in the lungs, and did not suspend the treatment. The patient now not only could lie down, but was able to sleep the whole night quietly, and without being disturbed by the cough: she no longer heard the former rattling in the left chest, and affirmed that she felt the air again penetrating through this whole lung; she merely perceived a slight rattle in the right one, as also an impediment there on drawing in the breath, and a sensation, diminished, however, of the former pain: but she was now capable of taking uncommonly deep inspirations, which had not been the case within the last four years.

On visiting her on the tenth day after the renewed treatment, I was alarmed at a sudden change in her look; she had become quite dark grey, of an earthy colour, as happens after a continued use of nitrate of silver: however, she felt perfectly well, was lively, and spoke for half an hour, narrating the progress of her disease without interruption or cough. The few expectorations had also lost their unfavourable appearances, and gained a catarrhous form. On the fourteenth day menstruation returned for the first time after a lapse of two years and a half: it was certainly very insignificant, but strengthened the confidence of the patient as to a speedy and complete convalescence. I had witnessed a similar fact in the case stated in the "third observation," and I then had imputed it to the use of sal ammoniac: but as, in the present instance, the patient had not taken this medicine during the last four weeks, and only three drachms in the first, this effect must solely be ascribed to the *oleum animale fœtidum*, as is also easily explainable, and in full accordance with physiological principles.

Nothing was now required to effect a complete cure, but the removal of the extreme emaciation and debility. On the reappearance of appetite this desideratum was likewise attained, if not so quick and so complete as could be wished, yet gradually, and by means of a nourishing diet; whilst proper medicines, at the same time, were resorted to, and the principal treatment, the frictions with the animal fœtid oil, were continued for a considerable time without interruption.

CASE OF

SPONTANEOUS SEPARATION

OF A

FRACTURE AFTER PERFECT UNION.

By Gideon Mantell, Esq., LL.D., F.R.S.

The following case will, it is presumed, be found to possess considerable interest both in a physiological and practical point of view:—

A butcher's apprentice, seventeen years of age, was galloping in the usual reckless manner of his class, when, from a sudden start of his horse, he was unseated, and his right leg slipping through the stirrup, he was dragged to a considerable distance before the stirrup-leather broke, and released him from his perilous situation. He was picked up in a state of insensibility, but the only serious injury he sustained was an oblique compound fracture, immediately above the ankle of the leg by which he had been suspended. The lad was of an exceedingly irritable temperament, impatient of suffering, and refractory in the extreme. The inflammatory symptoms were of great intensity, and accompanied by almost constant spasm of the muscles of the limb: when these had subsided, there was still much difficulty in retaining the fractured bones in apposition, owing to the obliquity of the fracture, and the restless disposition of the pa-

tient. In the course of six weeks, however, perfect union had taken place, and the leg had regained its normal form. Three months after the accident he could walk firmly, and there was no perceptible difference in the size and shape of the legs, the fractured limb being as straight as the other. About this time the boy left the neighbourhood, and after nine or ten months returned to consult me, in consequence of lameness from great deformity of the injured leg. To my surprise I found the limb so much curved at the fractured part, that when the boy was in an erect position the foot rested on its outer edge. The bones were firmly united, and could not have been brought into a natural position without forcible separation or division; a measure which, from the irritable constitution of the patient, would have been fraught with imminent danger: mechanical support was therefore employed; with what success, I know not, as the lad removed to a remote part of England. Such are the simple facts; the cause of the untoward result I will now briefly explain. About four months subsequent to the accident the patient visited his friends in a village where an epidemic fever was prevailing; he was soon attacked with the malady, was confined to his bed several weeks, and reduced to an extreme state of debility and emaciation. He slowly recovered, and upon first leaving his bed found himself unable to stand on the leg which had been fractured, and which seemed to bend under him. This symptom was attributed to general debility, and, with the exception of a linen roller, no support was applied to the limb. As he gained strength, the leg acquired firmness, but he perceived that it gradually became bowed above the ankle joint, and was at length irremediably fixed in a curved position. It is evident that during the progress of the fever, the callus had become softened or removed, and the fractured bones disunited: as recovery proceeded, new callus was formed, reunion of the fracture was effected; but the limb being unsupported and borne upon before the osseous deposit had acquired solidity, was gradually and permanently curved. A striking illustration of these remarks is afforded by the following instance of the occurrence of similar phenomena, under circumstances in which great debility and emaciation had supervened from unwholesome diet and long confinement on ship-board:—In the narrative of Lord Anson's voyage round the world by the Rev. R. Walter (the chaplain of the expedition), a graphic description is given of the symptoms and effects of the scurvy which had raged with frightful violence on board the ships, and had proved fatal to some hundreds of the crews: among other symptoms, the reverend author states, that "a most extraordinary circumstance, and what would scarcely be credible upon any single evidence, is, that the scars of wounds which had been for many years healed, were forced open again by this violent distemper. Of this there was one remarkable instance in one of the invalids on board the *Centurion*, who had been wounded above fifty years before at the battle of the Boyne; for though he was cured soon after, and had continued well for so many years past, yet on his being attacked by the scurvy, his wounds in the progress of the disease broke out afresh, and appeared as if they had never been healed; nay, *what is still more astounding*, the *callus of a broken bone which had been completely formed for a very long time was found nearly dissolved, and the fracture seemed as if it had never been consolidated.*" The practical inferences are too obvious to require comment.

Crescent Lodge, Clapham Common,
Sept. 29, 1841.

P.S.—To avoid occupying the pages of THE LANCET with useless controversy, I will only remark on the cases of partial fracture in the last Number, that the facts therein stated appear to me to support most satisfactorily the practice and the opinions advanced in my paper on the subject.

PARTIAL FRACTURE OF THE RADIUS.

To the Editor of THE LANCET.

SIR,—Your correspondent Mr. Camden, of Hounslow (LANCET, p. 31), is, of course, at liberty to entertain what opinion he pleases as to the nature of the cases he denominates "curvature without fracture;" but he must allow me to remark, that my communication related only to *partial fracture*, and did not comprehend the bending of the flexible bones of infants; an occurrence familiar to every nurse. Professor Phillips's case of *partial fracture* was cited by me as the type; and Mr. Camden may be convinced that such an accident is possible, if he will refer to the "Medical Gazette," in which Mr. Phillips's lecture is reported, with a representation of a bone that has sustained such an injury: whether your correspondent will have the courtesy to admit that it is *possible* my cases were analogous to those related by Mr. Phillips, as I have stated, is not of much consequence. I am, Sir, your very obedient servant,

GIDEON ALGERNON MANTELL.
Crescent Lodge, Clapham Common,
Oct. 2, 1841.

CURVATURE OF THE RADIUS.

To the Editor of THE LANCET.

SIR,—A case of "Partial fracture of the radius" (?) appeared in your Journal of the 18th of September, by Dr. Mantell, and since by two other correspondents. I beg, with your permission, to offer a few remarks.

Dr. Mantell, in his communication, appears to consider it to be rather a rare occurrence; so likewise do your two correspondents, Messrs. Franks and Roods, the former having met with only two cases in five years, the latter only one case during his practice.

Within these ten years I have seen similar cases frequently, and always considered them to be so trifling in their nature as to require little or no attention. I recollect well that the first case which came under my observation was that of a young child, about eighteen or twenty months old, stout, and of a stirring disposition. Being on a chair one day, the mother happened to catch him by the forearm, in the act of falling off; the consequence was, an immediate alteration in the shape of the limb, being bent to a very great degree, painful, and slightly swollen. On examining it I considered it a case of fracture, though no crepitus could be felt; this, however, I attributed, perhaps, to the slight tumefaction of the forearm. Seizing the forearm with my two hands, I gradually and gently brought back the bones to their wonted straightness, which was done with ease and simplicity, but not without much pain to the infant. I expressed my belief to the mother that the limb was broke, and splinted it accordingly: to my astonishment, in less than eight days the mother called, with the splints and bandages in her hand, stating at the same time that she did not think the arm had been broke, as the child would allow neither bandages nor splints to remain on, and could use it perfectly well.

Since that time I have frequently had cases brought to me. Just the other week a woman came running to me, with her child crying in her arms, a little boy, of two years old, whose arm she said was broke, by falling off a chair. On examination it was found bent, but no crepitus: on using a little extension and pressure it was brought to its usual straightness. A liniment of litharge-water and olive-oil was prescribed, with a bandage; in a few days it was well. Indeed, this appears to me to be an exceedingly common occurrence. More than one person have come to me with their child, and inquiring if there were anything seriously wrong with the arm, after having effected the cure themselves, by making straight the bones.

I have no doubt a partial fracture will take place occasionally; but for one that takes place, there are ten neither partial nor complete, but a mere bending of the bone. We are all aware that bone is composed of two constituents, animal and earthy, and that some individual's bones are more easily fractured than others, according to the proportion of animal or earthy ingredients which compose those bones: for instance, in those who are very much advanced in years, or who have a superabundance of earthy matter, the bones are very fragile; the opposite is the case with infants and young children—in them there is a greater proportion of animal matter, by which means they are rendered more elastic, less fragile, and thereby, instead of fracturing, they yield to the force of the blow. It ought to be remembered, likewise, in those cases there is always more or less tumefaction of that part, particularly where the blow is inflicted, which, if on the one side of the arm *only*, will give to the limb the appearance of being bent, when there is not the slightest injury to the bones. Numerous cases of the like have come under my care, which, by the application of a cold lotion, were cured in a few days.

I have only seen one case in which I could to a certainty satisfy myself of the partial fracture: it was the case of a delicate male child, of sixteen months old. Being under the charge of a young girl, she allowed it to fall backwards out of her arms, on the stree t it was brought to me, and on making minute examination of the whole body, it was found that the right thigh-bone was partially fractured. My reason for coming to this conclusion was this,—the seat of injury being above the middle of the femur, on seizing the two extremities of the bone I found it could be bent outwards and inwards, giving the child excruciating pain; there was no crepitus; and the ends of the bone were not displaced. There was no tumefaction, and the child could move it but a very little: the limb, when straightened, remained so perhaps for a moment, but on the least movement the limb returned into the bent position. The fracture appeared to be on the external or outer aspect of the femur, because the convexity was there situated, drawn, of course, into that position by the adductor muscles of the thigh. The following, then, are the diagnostic symptoms, in my humble opinion, of partial fracture of the thigh-bone in infants:—

First. The bent position of the bone, the solution of continuity being where the convexity is situate (drawn, no doubt, into that position by the opposite muscles).

Second. The great facility of bending the bone at that part backwards and forwards, or outwards and inwards, as the fracture may be.

Third. No displacement of the ends of the bones.

Fourth. No crepitus.

Fifth. In some cases slight movement of the limb.

The treatment requisite for accidents of this nature (whether a partial fracture, or a mere bending of the bone), must be something more than what Dr. Mantell recommends; viz., trusting to the curative powers of nature. What! nature to a fractured bone? Yes; but only after it is properly straightened, and kept so by means of bandages and splints; then, and not till then,

shall we look for nature to do the rest. Respecting the treatment of a bent bone, I do not feel inclined to adopt Dr. Mantell's advice, because I am afraid that nature would do very little for it indeed; an instance of which I will give. A boy, six years of age, slender, but of a lively, spirited disposition, or, as his father called him, a "perfect devil," met with the accident in question; it was straightened, and a splint was used, not, however, with the view altogether of keeping the bones straight, but to prevent him from working mischief and injuring it again. In three days, finding neither pain or discomfort in the arm, he got careless respecting it, and would have the splints removed; the result was, from inattention, and perhaps occasional blows and twists, the swelling continued longer than usual: at the end of two or three weeks he had an irrecoverably bent arm, nature in that instance lending no assistance.

To return: the first thing the surgeon has to do, is to ascertain whether it be a fracture or a bend (because I maintain the two are quite distinct); if the latter only, it will, of course, require to be straightened, which is easily done; if tumefaction exist, a bandage and cold lotion should be constantly applied, and the arm put into a sling—in a week or ten days it will be well.

In restless or mischievous children it may be necessary to apply a splint, but merely with the view of preventing the bone from being bent over again, by a repetition of the same or some other cause. Trusting you will give insertion to the above hasty remarks in an early number of your Journal, I remain, Sir, your obedient servant,

M. H. GIBSON, Surgeon.

10, Adelphi-street, Glasgow,
Oct. 1, 1841.

COMMENTS OF THE "LOOKER-ON" ON THE DEFENCES OF MR. BODINGTON AND MR. HITCH.

To the Editor of THE LANCET.

SIR,—If Mr. Bodington's heels have been tripped up by a man in a mask, and he has been bruised by the fall, he has only himself to blame. It was he, and not the man in the mask, who commenced the attack, and if the said Mask has been somewhat sarcastic, there was provocation enough when he was accused of being guilty of "a grovelling system of begging for patients, &c."

Mr. Bodington's ignorance of the regulations of well-conducted asylums seems coequal with his experience of ill-conducted ones. He concludes that I recommend to the counties of Gloucester and Hereford to remove their pauper patients into a distinct establishment from their wealthy patients, in order "that they (the wealthy patients) may have the advantage arising from a *smaller* society." Does Mr. Bodington really believe that in asylums constituted like the Gloucester Asylum the pauper patients associate with, and form part of the society of, the wealthy patients? His friend, Mr. Hitch, will not thank him for the notion. Why, it was for the express purpose of *increasing*, not of *diminishing*, the society of the wealthy patients, and uniting them in one asylum, instead of scattering them in two, that I proposed the separation of the two classes of patients into two establishments.

There is something very amusing in the *naïveté* with which Mr. Bodington observes that the outline drawn by the "LOOKER-ON" of what asylums ought to be, is *exactly* the constitution of the present licensed houses, "save that some of them are licensed for too large a number, from whence arises the evil of mingling PELL-MELL together under one roof masses of lunatics, who are often, I should fear, injurious to one another." What a happy description of private asylums, as now constituted, and of the happiness of their inmates; and what conclusive testimony that no reform or inquiry is needed. Pray write on, Mr. Bodington. My pen needs a holiday, and you are doing my work admirably. Excuse me, however, for correcting the following passage quoted by you from my former letter:—"Mr. Bodington *knows what he is about*, is a man of experience, &c." In the next edition *dele* the words in italic. I am, Sir, yours, &c.

A LOOKER-ON.

Oct. 4, 1841.

P.S.—Mr. Hitch is very severe upon the "LOOKER-ON," and seems to hold him in great contempt. I have no wish to play a bout with cudgels, for it is a vulgar game, but I would gladly break a lance with Mr. Hitch upon the subject of *seclusion*, if he could think me an antagonist worthy of his prowess; and I thus throw the gauntlet. What does Mr. Hitch mean by recommending a *secluded* residence? I thought he abhorred *seclusion*, "as most inimical to the recovery of the patient." And I further ask him this question, Whether the seclusion he means could not be obtained in a *public* as well as a *private* asylum, the word *public* not referring to the number of the patients, but the nature of its government? For my own part, if I have taken a correct impression of Mr. Hitch's meaning, I know of no asylum in which patients of this description could be better accommodated than in the Gloucester Asylum, if the pauper part of the establishment was removed, and the whole range of gardens, &c., given up to one class of patients. Let me further add, that the contempt in which Mr. Hitch holds the "LOOKER-ON" is by no means mutual, and that I yet hope to award to him the civic crown mentioned in my last letter.

THE LANCET.

London, Saturday, October 9, 1841.

A STARTLING diminution—startling to the interests of those who were the London monopolists—is annually manifest in the number of medical students who visit the metropolis to attend lectures and walk the hospitals. Two causes for the decrease are in operation. One consists in the abatement of zeal to enter a much damaged and ill-paid profession; the other is to be found in the superior temptations offered for fulfilling the ordinances of the governing medical bodies in the country, as compared with those of visiting London for the same purpose. It is found, in the first place, that the actual advantages of the provincial hospitals and schools are, for the legitimate purposes of study, fully equal to those of the metropolis. And, in the second, that a more honourable fulfilment of the duties of the teacher to the learner is realised in the country. In a very large city the responsibility of the instructor is less watched, and is evaded with more impunity, than in the comparatively narrow localities of Bristol, Manchester, Leeds, and other "chief towns" of the shires. The students in the latter obtain a firmer hold upon the professors, and are nearer home, to enforce their appeals, when deceptions are attempted to be practised upon them. Enlightened by the experience of others, and the complaints of the press, they have learned the difference between the October promises with which the fee-traps are baited in London, and the nibbles which are permitted to the encaged youths when once the trap is down, and they prefer the certainties of the provinces to the inflated expectations of London. The consequence to the London gentry falls under the awful category of, "Serves them right." So gross has ever been the contempt of the *promises* made in the metropolitan prospectuses, year after year, that a chief feature of our annual advice to the students has consisted, unavoidably, and under a sense of duty to them, of warnings respecting those promises, and appeals to the pupils' feelings of self-interest and respect, to demand an honourable discharge of the assurances which the prospectuses have contained. On each of those occasions we presented them with general reasons for caution; on some, with special instances of the discreditable evasions, the neglect, and the omissions of the teachers; and the students themselves never conferred greater benefits on their fellow-pupils, than when they joined in the exposure by recording particular facts, contrasting the declarations of the advertisers at the beginning of a session, with their accomplishment at the end.

But the students themselves do not so fully fulfil their share in this punishment of the falsifiers as they ought. Careful records should, day by day, be kept, relating the manner in which negligent and unpunctual medical officers and lecturers treat the students, and the results should be published in the journals, effecting by this means not only the most good that can be obtained under a vicious system of "education," but accomplishing much towards a change thereof, by the conviction which *must* thus be produced of the mischief and injustice that attend the present sham course of education for the licence to practise medicine.

Let them, for instance, take an example from the following history, ready to our hands, obtained from a foreign school, where the same unprincipled system prevails that characterises the regulation of medical education in these realms. It is derived from the communication of an American physician,—in 1839-40, a student at the college of Geneva; in 1841, a graduate in medicine of that institution,—Dr. ANDREW BOARDMAN, of Philadelphia.

That gentleman, having designed himself for a medical practitioner, in 1839 visited Geneva, to effect his education, and there, with a just discrimination of the foundation of medical science, became at once the pupil of a private teacher of anatomy, a man of

fine talents and great zeal, by whom everything that he had to teach was described and demonstrated clearly and satisfactorily, the students of the class being made, after each prelection, to repeat deliberately the information they had gained. Shortly after his entrance to this course, Mr. BOARDMAN found that a certain number of the class had bought at the college what was called a "college ticket," without possessing which, nothing that they learned of the private teacher would be of the slightest value towards enabling them to graduate as doctors of medicine of the college. This ticket was to admit them to the *college* lectures, and ultimately to be exhibited by the candidates for the degree as a *proof* that they had studied the art of healing. Yet scarcely one of them ever attended those lectures, all pursuing the private course, to acquire those means of undergoing the examination which it was commonly known could not be derived at the college. His mind was promptly impressed with the injustice of making the students pay for the delivery of lectures which they did not hear, and of accounting as valueless all those dissections, and all that information, by which they really acquired a knowledge of anatomy and disease. But the ticket was essential to his object, though each occasion on which he used it only served to strengthen his conviction of the superiority of the private instruction to that of the professors. In the private class everything could be seen and comprehended distinctly. In the theatre of the college the nearest of the audience could not clearly see the parts described, and those at a distance could hardly see them at all. The students, moreover, speedily detected that those teachers at Geneva who depended for support on the *voluntary* attendance of pupils were far more zealous and industrious than the lecturers who were "paid and protected by a chartered monopoly." Indeed, the students frequently contributed to lectures at the public institution, which would not have been tolerated at any sum from private professors. Mr. BOARDMAN, for instance, paid for one course on physiology, which embodied the state of science of ten venerable years previous age—the lecturer either not having taken the pains to read up to the modern points, or avoided the trouble of remodelling the old. For one course he paid which was not delivered at all, and one on the theory and practice of medicine, consisted chiefly of elaborate refutations of all the defunct medical absurdities which had ever lived in the annals of physic; and for another course he paid which had been copied almost verbatim from EBERLE's and MACINTOSH's well-thumbed volumes. The course on therapeutics he followed, word for word, through entire lectures, in the pages of EBERLE and DUNGLISON, the plagiarisms extending even to DUNGLISON's numerous poetical quotations, just as students may be seen to this day with a volume of THE LANCET, ten years old, in their lap, at St. Bartholomew's, perusing, line for line, the surgical oration of the night, which is under delivery from the lips of Mr. LAWRENCE, whose entire course, price seven guineas, may be had in the medical volumes at the proportion of about the same number of shillings. The college advertisement issued at the beginning of the session, held out that a doctor of medicine should deliver the course on chemistry, but the course was delivered by a doctor of *divinity*, who not only knew nothing of the application of chemistry to medicine, but candidly confessed how much he was in the rear-guard even of chemistry, by saying that he often lectured from notes which he had not examined in private for the last six years. A course on medical jurisprudence was announced, but not a single lecture on the subject was delivered. Of another course that was promised not one sentence was pronounced. It was declared that the anatomical class should have a full supply of subjects for dissection, and the students were obliged to predeposit at the rate of 8*l*. a subject, yet every muscle, vessel, tissue, and nerve that they dissected was paid for by extra sums; and during the entire anatomical course only a single body, and that a very poor one, was

used for demonstration. Full *clinical* instruction at the hospital of the college was promised as a great boon to the students; but the "fresh and green" youths found, after paying the fees, that the "hospital" was the second floor of the "GENEVA SHOE-STORE," which—too laughable to name if not veritably authenticated—during the whole session contained not one medical patient, and only one surgical,—constituting just as profitable a clinical "store" as some of our English hospitals, where, during whole sessions, not one clinical lecture has been delivered to the pupils who had entered expressly for instruction in morbid anatomy and the treatment of disease. At the Shoe-store, Mr. BOARDMAN having the capital fortune to become house-surgeon, performed his daily labour, by going periodically from one side of the bed of a quiet old negress to the other, and thence to the door again. But the students—it should, in justice to the second-floor, be added—had the opportunity of witnessing several operations performed on patients who, attracted by the reputation of the professor of surgery, came in from the country, taking care, however, to be off again as soon as possible, as though the smell of tan were less wholesome than it is. A special diploma was promised by the professor of anatomy to the best dissector of the graduating class, bearing the insinuating motto, "Palmam qui meruit ferat." The "best" pupil,—conscientiously feeling that he had gained all his knowledge in the private class-room,—declined the valuable *palma*. And, finally, the writer of the best thesis on a *medical* subject was promised a gold medal for his production. An excellent essay by Mr. BOARDMAN was put aside by the judges on account of an alleged informality,* and the medal awarded by a majority to a candidate who had been so ably tutored by the learned instructors of the college, that his thesis obtained from the professor of surgery the following characteristic description:—"It has merit, but nothing "original, no striking views, no well-sus-"tained arguments. The style is verbose "and unequal, and it is full of Latin scraps "and heathen mythology."

Of such a kind are the consequences of monopoly all over the world, as well at London as in Geneva. What student among our readers will fail to recognise in this account almost the very parallel of his own experience in the deceptions practised upon him in the metropolis of England? The system of purchasing tickets and pretending to learn in one establishment, and really acquiring the knowledge in another,—at the house of some "grinder" or private teacher,—has been the common custom in London for an age,—enforced by the governing medical institutions, whose controllers make the law in one place, and take the unhallowed profits thereof in another. Lamp-gas, police constables, and the horse patrols, have nearly altogether abated street thefts and highway robberies, and the coarse plunderers of the last century are rarely now to be found, either in our alleys or on our heaths; but the police of the Legislature and the light of the press have yet failed to drive from their corners the chartered plunderers of the medical colleges; the vulgar debasers of medical education to the meanest level it can maintain. Yet to compare the importance of that reform with any other, would be too foolish and ignorant for even the silliest of disputants. Of all cares the public health is the most serious, and its rightful interests the most sacred. Too obvious is the effect of the ticket-system, both in its immediate and its ultimate consequences. First is the luckless pupil robbed; then is the unfortunate public scourged. The profession, despite the wretched system, is continually adorned and enriched by its additions from the ranks of the medical students, self-instruction and industry effecting all the benefit; but too often do we detect in him who has been legally entrusted with the

* The thesis of Mr. B. is thus described by Dr. D. L. Rogers, one of the minority:—"The rejected thesis is grave, thoughtful, and argumentative, and indicative of an observant and sagacious mind. The style is clear, forcible, and mature, and although the positions are bold they are maintained with courtesy."

care of the sick, the ill-instructed and incompetent man, who has been admitted into the profession simply upon the production of a mere file of compulsory certificates. These premises are rested on no fictitious grounds, nor is the truth limited to the conviction of medical reformers alone. To the creators and upholders of the system they are equally notorious. Yet to amend it is their last intent. Evidences of the evils fall under their very noses, yet they heed them not. The pelf they will not forego, whomsoever poverty and misery may afflict. The reform must be pressed from without, and by no parties can it be more appropriately, impressively, and advantageously urged, than the medical students, to whose active and conscientious minds we now specially present its claims.

ST. MARYLEBONE INFIRMARY.

We feel it to be our duty to insert the following letter, but at the same time must express our surprise at its contents, because we had long been given to understand that the arrangements of the St. Marylebone Infirmary formed, in many respects, an exception to those of other and similar institutions, and were more conducive to the progress of medical students in the knowledge of their profession than those of any other such establishment in London. We trust that the proper authorities will immediately direct their attention to the important question which the letter involves.

To the Editor of The Lancet.

Sir,—A statement of the advantages to be derived by an attendance at the St. Marylebone Infirmary having appeared in The Lancet of Saturday last, although it is not authenticated by you, yet as I think it calculated to mislead the unwary student, may I beg of you to give insertion to the following restrictions to which I was subjected when a pupil at the infirmary:—In the first place, there is a positive order of the governors or guardians that no pupil be admitted at any time excepting between the hours of twelve at noon and two. If you arrive exactly at twelve you have always, at least, half an hour to wait for the arrival of the *two* physicians, who permit a pupil to go round the wards with them; after that he hurries round, perhaps, thirty or forty patients, and may afterwards have half an hour to devote to the dead-house. Everything is hurried, so as to be finished before two o'clock: there is no time for minute study of the cases; no time for taking notes; nor is there time to devote the least attention to morbid anatomy.

It appears that there is a very large number of out-patients who attend in the mornings, but it seems to me to be very unfair to hold this out as a bait to induce students to enter, since every student who has been there knows that neither physicians nor pupils ever see any of these out-patients, or have anything to do with them, they being entirely under the care of Messrs. Allen and Whitwell, whose duty is to prescribe for such cases as are able to attend, and to visit such as are not able to do so at their own houses. These gentlemen are not permitted to take pupils, and have apparently neither time nor inclination to attend to those from whom they receive no benefit. The midwifery part of the establishment is not open to the physician's pupils, unless by paying a separate fee to the physician-accoucheur. Syphilitic cases belong to the surgeons, whose practice is not recognised. Thus far to correct the inaccuracies put forth in the statements of last week. I do not complain of not having received value for the small fee which I paid, but I would rather pay four times the sum to be permitted to embrace all the advantages of the institution unrestricted.

I remain, Sir, your obedient servant,

A former Pupil.

Oct. 4, 1841.

WESTMINSTER HOSPITAL.

MEMORANDUM OF THE CASE OF NATHAN CURREY.

To the Editor of The Lancet.

Sir,—Nathan Currey, aged eight years, of *weak intellect*, son of George Currey, shoemaker, of 5, Granby-place, New-cut, Lambeth, had the misfortune to break his leg, April 19th, 1840, and was taken to Westminster Hospital, where he remained nine weeks, and passed the board in the usual manner on his discharge. About five months after, believing that all was not right with his leg, I requested a surgeon to examine it, who said it was a disunion, and advised me to apply to Guy's Hospital. (During the time he was in Westminster Hospital he was supposed to be under the care of Mr. Guthrie, *his name* having been at the *bed-head* of the child all the time.) I regret to say I failed in getting him into Guy's, after repeated applications, though assisted by Mr. Callaway, in committee, the gentlemen being of opinion that my child should go back to Westminster Hospital. When Mr. Key, at Guy's, went round, as taking-in surgeon, he said, "His leg (or this) has never been set;

you set it yourself, I suppose." I replied, "It bears the name of being set at the Westminster Hospital." He then inquired who the child was under; I told him Mr. Guthrie; when he said, "Had you not better take him back to Mr. Guthrie?" I had a conversation afterwards with the house-surgeon, Mr. Hill, on the subject, in the course of which I mentioned the plan pursued at Westminster Hospital of using *junks* (made of tow, or some kind of wadding, instead of splints), when he declared he had never heard of such a thing as junks before. I understood from the surgeons at Guy's, that much could yet be done for my child.

After this, Mr. Callaway, in order to serve me, saw Mr. Guthrie on the subject; in consequence of which I took my child to Westminster Hospital on the 19th of June last, saw Mr. Guthrie, and told him it was the case that Mr. Callaway spoke to him about. He felt the leg, and said, "It is no case of mine! I never saw the child, neither did I know the child was in the hospital." I replied, "Your name was at his bed-head for nine weeks." Mr. Guthrie said, "*That* may be; but, I repeat it, I never saw the child, nor I did not know he was in the hospital." He then asked, "Who was house-surgeon last year?" I said, "Mr. Holt." Mr. Guthrie then requested Mr. Thomson, the assistant-surgeon, to get an instrument for my child's leg, and desired me to attend on Tuesdays and Saturdays; but on attending I was informed that the board refused to supply it, stating they had no funds for the purpose.

On seeing Mr. Guthrie, he told me he considered the hospital had a right to supply everything necessary for a cure. Mr. Guthrie then desired me to go to Mr. Weiss, surgical instrument-maker, to get a back splint, and directed the house-surgeon to give me a note to that effect, but by some means I never received it: he also turned me over to Mr. Holt, *at his private residence*, but not being satisfied, I declined going to that gentleman's house.

I then waited on Mr. Callaway, and informed him of what occurred. That gentleman again interested himself on my behalf, by again seeing Mr. Guthrie, and also Mr. Hallett, the treasurer of the hospital, on the subject. After this interview my child was readmitted last August, when he was only permitted to remain about ten days.

On the day he was admitted, Mr. Lynn was taking-in surgeon. When getting the child to bed the same day, Mr. Guthrie went into the ward, and the sister seeing him said, "How is this to be settled? This is a case of yours, just come in." He replied, "*I have nothing more to do with that now, it becomes his (Mr. Lynn's) case.*" Mr. Lynn's name was put up at the bed-head. On coming to see his patients next day, he came to my child's bed (*as I have been informed*), and after examining him said, "*This is a case of Mr. Guthrie's, I'll have nothing to do with it,*" and took his name down. Mr. Guthrie went into the ward the day after, and was told that Mr. Lynn would have nothing to do with it, being Mr. Guthrie's case. Mr. Guthrie replied, "*I don't care what Mr. Lynn says; Mr. Lynn is taking-in surgeon this week: he has taken the child in, and he must keep it.*" On the day after, Mr. Lynn was informed what had been said, and replied, "*I took it in for Mr. Guthrie: I have sins enough of my own to answer for, without answering for others.*"

After this (*I am informed*) Mr. Guthrie denied the right of any person to put his name up at the child's bed-head; and it would appear that through their squabbling *nothing was done for my child*, and I was directed to take him out five days after his readmission, but I let him remain ten days.

In consequence of this order I waited on Mr. Page, one of the house committee, who took my statement down in writing, in order to lay it before the board. I attended, but was not called in. Mr. Page came out of the room and informed me the case had been gone into, and that, according to the opinion of the surgeons, there was not so much neglect as I seemed to imagine, and hoped I would feel satisfied. I expressed my dissent. At this moment Mr. Lynn and Mr. Thomson came out of the board-room, and Mr. L. said, "*You have an afflicted child here; the leg is of no consequence; he has no head; nothing can be expected of him; he'll not have to get his livelihood; he'll be provided for when you are gone; we pay our poor-rates for the relief of such; and he is far happier than you are,*" &c. &c. Poor consolation for a parent! I understood Mr. Thomson to say, that it was some constitutional complaint which was the cause of the disunion. My firm opinion is, that had proper splints been used, and the head-surgeon, Mr. Guthrie, attended to his patient, my child would have recovered the use of his leg, in the place of being, to all appearance, bedridden for life, as there appears to be a great disinclination on the part of the hospitals to take in a patient discharged from another hospital, and I have no other resource.

Probably by publicity being given to this statement, some humane gentleman of the profession may condescend to see the child, at No. 5, Granby-place, New-cut, Lambeth. I am anxious to ascertain whether, if negligence could be proved against an hospital surgeon, and his patient becomes a victim of that neglect, an action could be maintained against him, even in *formâ pauperis?*

GEORGE CURREY.

P. S.—If necessary, the greater portion can be verified on oath.

*** Beyond all doubt an action would lie in such a case as that which is named by Mr. CURREY at the close of his letter.

BRITISH MEDICAL ASSOCIATION.

Exeter Hall, October 5, 1841.

Dr. WEBSTER in the chair.

THE minutes of the last meeting were read and confirmed.

A letter was read from Dr. Fearnley (Dewsbury, Yorkshire), inclosing a copy of a communication made by him to the poor-law commissioners, as follows:—

"To the Poor-law Commissioners.

"Gentlemen,—Upon the subject of the seventh query in the vaccination return, I would respectfully observe that there are some objections to the present system of appointing only one vaccinator to a district. The first is, the complete failure, in a statistical point of view of the small-pox registry; for instance, in Dewsbury there are five resident medical practitioners, therefore it can but contain one-fifth of the cases of small-pox medically attended, presuming our practices to be nearly equal. The second is, the total neglect of many cases being vaccinated, where the prejudice of the people exists against having their children vaccinated by others than those who have attended them (a serious obstacle to the *extension* of the practice), thus defeating the two most important objects of the Bill. The third is the wide door which it opens to the defaulter to disturb the harmony which should prevail in the profession (a matter of great importance in medical statistics), by giving him an opportunity of interfering with, and going into the very heart of the practices of his professional brethren.

"Before the introduction of the Bill into this neighbourhood, we were in the habit of vaccinating gratuitously the children of those whom we had attended who were not able to pay the usual fee of 7*s* 6*d* charged to respectable tradespeople and others. The proportion of applicants being two of the former to one of the latter class, we calculated upon receiving, on the average, 2*s* 6*d* for every case vaccinated; but now the charge, as fixed by the guardians with your approbation, being 1*s* 6*d*, those who formerly paid the usual fee, who are not willing to send their children to the appointed vaccinator, but choose to employ their own medical attendant, expect only to pay 1*s* 6*d*, provided they send their children to the surgery to have the operation performed. Those medical practitioners, therefore, who are not public vaccinators, are obliged in self-defence either to send their poorer private patients, against their inclination, to the public vaccinator, or charge them 1*s* 6*d*. The majority of the latter class do not seem willing to adopt either alternative, and the fear is, that ultimately the feeling of the public with regard to the practice, will, if the present system be pursued, fall into the same state of indifference as formerly, a surmise which is borne out by the fact, that while the weekly average of births in this district is about ten, that of vaccination, as entered in the books, does not amount to three, although since my appointment as a guardian the office of public vaccinator is held by the senior practitioner in the town.

"Leaving out of the question the very unfair means which some have adopted of going into their neighbour's districts to hunt up cases, and the still worse subterfuge adopted by others, of foisting upon the credulous the alarming idea that if they do not actually take their children to them to be vaccinated, they are liable to a month's imprisonment, and other equally dishonourable means, I trust I have adduced sufficient to prove that the most fair, honourable (and as far as *vaccination extension* is concerned) the most *effectire* plan would be to fix the remuneration alike in all places, and make every legally-qualified practitioner a vaccinator.

"Such would, in my opinion, at once remedy the foregoing evils, and by removing all obstacles on the part of the people, tend to make the practice of vaccination both well received and general, thereby ensuring as much as possible the extermination of the disease, the diminution of human suffering, and consequent saving to the rate-payers; and further, by multiplying the number of returns and reports, materially add to the value of statistical information on that subject. I am, &c.

"GEORGE FEARNLEY.

"May 24, 1841."

A letter was read from L. Pinching, Esq., of Walthamstow, on medical reform, accompanied with a note from T. Bramston, Esq., M.P. for the southern division of Essex, addressed to L. Pinching, Esq., wherein the honourable member says he "shall have much pleasure in giving his serious and attentive consideration to a measure of wholesome and safe medical reform, whenever the subject shall be brought forward in the House of Commons."

A communication was read from J. H. Nankivell, Esq., of St. Columb, Cornwall, on the subject of medical reform.

The routine business of the association, preparatory to the anniversary meeting, having been transacted, the meeting adjourned to Tuesday, the 12th inst.

MEDICAL SOCIETY OF LONDON.

October 4, 1841.

THE society was occupied this evening with a discussion on Dr. Clutterbuck's paper. Several members spoke on the subject, but the discussion, although interesting to those present, could not be made available for a report.

UNIVERSITY COLLEGE HOSPITAL.

TUMOUR OF THE UPPER JAW-BONE. EXCISION AND RECOVERY.

P. N., aged 21, a native of Gibraltar, his parents are both Spanish, of slight conformation, sanguine temperament, and good general health, was admitted under Mr. Liston on the 1st of September.

Three years and a half ago a tumour made its appearance in the left nostril, and increasing in size, soon projected into the pharynx, through the posterior nares, interfering materially with respiration. During the course of the succeeding nine months it extended itself externally, absorbing the bone, appearing within the cheek, and gradually increasing in size. It next appeared within the alveolar ridge, forming a tumour at the roof of the mouth. During its progress, parts of the tumour have been ligatured at three several times, in the nares, the pharynx, and the cheek. These operations have been followed by sloughing of the part, with very little hæmorrhage. Hæmorrhage, however, has occurred several times spontaneously, to the amount of two or three pints at a time, the bleeding being preceded by heaviness in the head, and followed by a state of great anæmia. The fluid had the ordinary appearance of venous blood. There has been no bleeding for the last two months. During the progress of the growth there has been very little pain. He came to London for the purpose of putting himself under Mr. Liston, at the recommendation of the medical men of Gibraltar.

On admission the growth raised the left cheek so as to form a swelling externally as large as the closed fist; it plugged up the left nostril, and by putting the finger far back into the mouth, and raising the velum palati, a portion could be felt projecting into the superior part of the pharynx. The hard palate was absorbed, and a part of the tumour as large as a walnut projected through it into the mouth. Between this part of the tumour and its external portion a sensation of elasticity, very much resembling fluctuation, was apparent; the surface was unbroken, and traversed by numerous small vessels. The alveolar ridge of that side was pushed much inwards, and consequently the arch of the teeth much elongated and narrowed, and mastication interfered with. The patient was in good health and spirits, and anxious for an operation, which Mr. Liston performed on September 6th, at two, p.m.

The patient being securely seated in a chair, and having his head supported on the breast of an assistant, the operation was commenced by the extraction of the central incisor tooth of the affected side. The point of a stout bistoury was entered over the nasal process of the maxillary bone, and an incision prolonged by the side of the nose, separating the cartilage from the bone, and dividing the lip in the mesial line. The bistoury was now entered over the external part of the malar bone, and carried along through the cheek to the angle of the mouth. The flap thus formed was dissected up and supported by the assistant; a copper spatula was not found necessary. The malar bone was divided by a small saw; the nasal process of the superior maxilla was then divided by Mr. Liston's forceps, which were also employed to cut through the palatine arch. Pressure was now made upon the left carotid, and the tumour being forcibly depressed, its dissection from its soft attachments was proceeded with. This was found to be a difficult and tedious part of the operation, on account of the tumour projecting so far back behind the palate bone into the pharynx; but notwithstanding this, it was entirely detached with the palate bone and soft palate left entire.

The tumour having been removed, the patient was laid upon the operating table on his left side; the cavity was sponged out and carefully examined. One vessel, probably the trunk of the internal maxillary, bled to some extent, but owing to its being very deeply situated it was found difficult to secure it at the time, so a compress of sponge was placed on it and the patient removed to the ward. The vessel was then, with some care and difficulty, ligatured. Not more than eight or ten ounces of blood were lost during the operation, which was borne by the patient with remarkable fortitude. The pulse was quick and feeble, and the surface pallid and cool, after the operation; but some wine and water being administered, the pulse filled, the surface became warmer, and the shock was recovered from within three hours. Deglutition was performed without difficulty by pouring the fluid into the pharynx with a long-tubed feeder. Lint wetted with cold water was kept applied as long as any oozing continued, which was not more than an hour and a half. The facial artery did not bleed, but its open mouth was seized and ligatured. The cavity was filled with dry lint, and at six o'clock the edges of the wound were approximated. Two harelip-pins were introduced through the upper lip, and one at the angle of the mouth, and the twisted suture applied. Three stitches of interrupted suture were applied between the ala of the nose and the cheek, four on the lateral wound of the cheek, and narrow slips of isinglass plaster applied in the intervals.

In the evening the pulse was 80, and full. The patient slept for several hours.

7. Pulse 100, full; the parts are devoid of swelling, redness, or pain. Some saline medicine and a diet of milk and arrow-root prescribed.

8. Slept well; has a good appetite. A diluted solution of chloruret of lime ordered to wash out the mouth. The highest pin

from the upper lip and four of the sutures were removed.

9. Has again passed a good night; the two remaining harelip pins and the rest of the sutures were removed, leaving the lips of the wound, which have united in every part by the first intention, supported by the isinglass plaster alone; diet of beef-tea, eggs, and milk.

10. Redness, pain, and tumefaction, are taking place in the part of the cheek underneath the eye. Eight leeches followed by fomentations were applied, and in a few hours the symptoms were relieved. These symptoms were probably produced by some of the lint having been removed, and the cheek allowed to rest upon the sharp edge of the malar bone where it had been sawn. The eye was rather weak, and its movements somewhat irregular and distorted, in consequence of the floor of the orbit having been removed.

11. The patient was able to leave his bed; much more of the lint was removed, the fœtor from it being very great; all the symptoms favourable; the power of deglutition little impaired.

13. The isinglass plaster was removed this morning; the union at every point was perfect; more of the lint was removed.

30. The progress of the recovery has been most satisfactory and uninterrupted; he is now eating a mutton-chop daily; the cavity is granulating, and filling up in the most favourable manner; the eye is now strong and steady, and the deformity much less than could be expected. The tumour was, contrary to expectation, found to have been originally adipose, but several parts of it were of a fibro-vascular nature.

STONE IN THE BLADDER.—LITHOTRITY.

E. L., aged 66, was admitted Sept. 1st, under Mr. Liston. He is a groom, residing at Wimbledon, of short stature, and sanguine temperament, of temperate habits, and hitherto in the enjoyment of good health. Twelve months ago he first suffered from symptoms of stone in the bladder, having blood diffused in his urine; pain in the glans and along the urethra; frequent desire to micturate, and difficulty in so doing, the flow of urine being suddenly stopped, and followed by acute pain in the glans; by shifting his position, and stooping much forwards, he was often enabled to regain the power of voiding his water. The symptoms becoming gradually worse, and obtaining no relief from medicine, he was sounded, and upon the discovery of a stone by Dr. Bright, of Wimbledon, recommended to place himself under the care of Mr. Liston. On admission into the hospital his health was unaffected, except from debility (the effect of low diet and regimen), and slight dyspepsia, with dry tongue, flatulence after meals, and costive bowels. There is some tenderness in the regions of the kidneys, but no aching or pain in the loins; the desire to evacuate the contents of the bladder is not more frequent than ordinary, and the stream is now perfectly free. He complains of constant pain in the hypogastrium, with slight pain at the inside of the thighs, and occasionally at the point of the penis, but less severely there than formerly. Mr. Liston detected a small stone; the sounding occasioned some irritation at the neck of the bladder; a laxative with diluents were ordered, and afterwards three grains of camphor and five grains of extract of hyoscyamus three times a-day.

3. The irritability of the bladder having diminished, Mr. Liston, by means of a catheter and syringe, injected twelve ounces of tepid water, and then introducing the screw lithotrite, felt and easily seized the stone. At first it was seized in the long diameter, which measured between seven and eight lines, the other diameter being somewhat less; on the application of a screw it was crushed easily and audibly; the fragments were separately seized and crushed, until none remained so large as not to pass readily through the fenestrum of the instrument. Ordered to drink copiously of barley-water and linseed-tea.

4. Has slept but little; has passed during the twelve hours about two quarts of clear urine, but no fragments. At three, p.m., a severe rigor came on, and he was put into a warm-bath, and the hypogastrium fomented with hot flannels for some hours; tongue pale, with a white fur; pulse irritable, weak, and about 100.

5. Has slept well; tongue and pulse better; still passes great quantities of clear urine, containing a very few flakes of mucus, but no fragments. To continue the camphor and hyoscyamus pills, and to have the bowels opened by castor-oil.

6. Has had some sickness, which was allayed by five grains of calomel; six or seven small red fragments were passed of a lamellated texture, and composed of uric acid.

7. All the symptoms favourable; a few more fragments passed.

8, 9, and 10. All the symptoms favourable, but no more fragments passed.

11. The screw lithotrite having been used as before, and Mr. Liston feeling satisfied that the stone was thoroughly broken down, introduced the scoop, and at three several times extracted it full of detritus. After this, and the previous sitting, a very little blood was passed, diffused in the urine for half an hour afterwards. Diluents and hip-bath ordered.

12. A severe attack of orchitis came on this afternoon, affecting the right testicle much and the left slightly. Twelve leeches were applied, hot fomentations assiduously used, and saline aperients given. In eight

hours afterwards twelve more leeches were applied, and the fomentations repeated.

13. The inflammation of the testicle is abating. Continue the fomentations.

14. The testicle better; the urine, hitherto clear and slightly acid, has become very ammoniacal, alkaline, and highly loaded with thick, ropy mucus; there is no tenderness in the hypogastrium. Ordered an ounce and a half of decoction of pariera brava and fifteen minims of nitric acid three times a-day.

15. The urine still ammoniacal and loaded with mucus, in which were found entangled several fragments of stone, the largest which had been passed.

16. Symptoms the same; a few more small fragments, being the last, passed.

17. The urine becoming clear and less ammoniacal. From this time the recovery has been gradual; the testicle still enlarged, but not tender. Is rubbed with strong camphorated mercurial ointment, and suspended.

25. The patient now considers himself convalescent, and wishes to leave the hospital. All the symptoms of stone are gone, the urine is healthy, and not passed more frequently than it ought to be.

KING'S COLLEGE HOSPITAL.

CASE OF PURPURA HÆMORRHAGICA. CLINICAL REMARKS BY DR. TODD.

FREDERICK POOLE, aged 14, a carpenter's apprentice, was admitted into Sutherland ward, under Dr. Todd, on the 30th of March. Has lived in London for the last three years, previously to which time he had lived in Gloucestershire. He has always been healthy, with the exception of an occasional cough; for the last eight months he has worked at his trade; he has been in the habit of living pretty well; has taken animal food, sometimes daily, at others three or four times a-week; has had half a pint of porter daily. His father thought his malady might be occasioned by his working for some hours together in a room very much heated by steam.

The boy did not feel any particular inconvenience from the high temperature, except that it produced profuse perspiration. He is not aware that any of his family are subject to bleeding from the nose, or any other hæmorrhage. On the 26th instant he first noticed a dark patch between the thumb and forefinger of the right hand, on the dorsal aspect; it was not preceded by any derangement of health; his appetite was good; he had no shivering or thirst. The next day he observed some dark spots on the legs, they were very small; in a few hours they increased in number and size: at present his expression is cheerful, the face is rather pale; he is moderately muscular, and well nourished. Both lower extremities are covered by numerous small spots of a purple hue, and of pretty equal size, about a line in diameter, much more numerous below the knee, but there are several on the thighs, and three or four on the penis; there are a few small, irregular patches like bruises chiefly on the right leg, of a bluish colour; one at the lower part of the tibia is almost black in the centre, about the size of a sixpence, and gradually shades off from this point. There are a few small spots on both forearms, and on the inferior part of the abdomen; there is one spot on each side of the median line of the dorsum of the tongue. On the 27th inst., the gums began to bleed to a small extent, but on the 28th the bleeding was pretty copious, he says as much as half a pint; since this he has not expectorated any blood; he has had no bleeding from the nose, no blood in the stools or urine. The gums are tender, rather spongy, and some dark coagulated blood adheres to the teeth; the skin is rather hot; he has some thirst; the pulse and heart's action feeble and irregular, both as to strength and frequency, 80; the pupils are much dilated; tongue moist, clean; no pain or uneasiness in the parts covered by the eruption; no spots on the back. Ordered to take twelve minims of dilute sulphuric acid, two drachms of simple syrup, and an ounce of water, every four hours. Middle diet.

31. He spits a great quantity of blood, which, apparently, comes from the mouth, and is mixed with the saliva; no fresh spots have appeared, that on the tongue seems less; urine scanty, pea-soup colour, strongly acid, cleared by heat.

April 1. The spots on the tongue have disappeared; no bleeding from the gums to-day; the spots are more of a reddish colour; some spots on the upper part of the chest, no fresh ones; pulse 100, irregular. To have the following gargle for the mouth:—Seven ounces of decoction of cinchona bark, two drachms of sulphate of alum, two drachms of tincture of myrrh, and six drachms of simple syrup.

6. The spots are fading on the legs, they are gone from the penis; there are no fresh ones; pulse 88, irregular.

8. He is improving; the spots are declining; the appearance of the gums is much better.

10. The spots are almost gone from the legs, no fresh ones; no bleeding from the gums.

12. The bowels have not been opened for three days. To have ten grains of the compound rhubarb pill at bedtime.

15. The spots are quite gone; the bowels have been opened by the pills.

20. The skin remains clear; the gums do not bleed on pressure; appetite good. Discharged cured.

Dr. Todd pointed out the many points of resemblance in this case with sea scurvy. The hæmorrhage, however, was more exclusively

cutaneous than it is in that disease; there were extravasations amongst the muscles, the spots being confined to the skin and mucous membrane. There was nothing in the history of the case to account for the boy's condition; he had not been exposed to want, nor suffered privations of any kind, nor had he been living upon a diet from which vegetable food was excluded; nor was there any constitutional taint giving rise to a hæmorrhagic diathesis. Although the appearances were marked, they yielded very readily to the treatment prescribed, and in three weeks the boy left the hospital cured.

INJURY OF THE HEAD.—DEATH FROM THE BLOW OF A FIST. CLINICAL REMARKS BY MR. FERGUSSON.

Edward Pooley, aged 16, was admitted under Mr. Fergusson, on the 22nd of September, 1841, in a state of insensibility. He was brought to the hospital by his mother, who left the house before any particulars could be ascertained. It was impossible to raise him in any way to get him to answer a question. The pulse was 60; respiration slow, but not stertorous; skin hot and dry; both pupils dilated equally; showed symptoms of uneasiness on being pinched; a constant disposition to lie on his right side; and resisted any effort to move his arm, or any part of his body. The head was shaved; some purgative medicine was administered, and, as it was ascertained that a discharge of matter had recently taken place from the right ear, a poultice was applied in that situation. On the morning of the 23rd he appeared in the same condition: the medicine had acted during the night, and he had passed his stools and urine involuntarily. On the arrival of his mother, it was ascertained that on the 28th of August last, he had received a blow on the right ear from a man's fist, and that he had soon after complained of constant pain in the part and in the head until the 12th of September, when he was considerably relieved by a copious discharge of matter from the ear. On the 16th the discharge suddenly ceased; the insensibility speedily supervened, and he had remained in this condition ever since. On a careful examination of the surface of the head, Mr. Fergusson imagined that he could detect with the fingers a slight swelling of the scalp a little behind and above the right ear, and that there was a cavity between the bone and its coverings in this situation. An incision was then made; the mastoid process was found to be extensively denuded, and the finger could be passed downwards and forwards to the cartilaginous tube of the ear.

Only a small quantity of matter was discharged; but Mr. Fergusson had no doubt that this cavity was the cyst of an abscess which had already burst in the manner described by the mother. The boy seemed roused by the pain of the wound, and made an effort to answer questions when they were put to him in a loud voice; in other respects, however, no change was perceptible; and under existing circumstances and symptoms, Mr. Fergusson said, that he did not consider himself warranted in proceeding further; for though he considered that there were several indications of compression, the appearance of the surface of the bone did not induce him to apply the trephine, in hopes of discovering matter beneath.

On the 24th there seemed no improvement; a large blister was ordered to the back of the neck, and a calomel purge was exhibited: he gradually, however, continued to sink, without the symptoms of compression becoming more marked, and he died on the morning of the 25th.

On the 27th the head was opened: the upper surface of the brain appeared a little more vascular than natural; the dura mater on the inner surface of the mastoid process was firmly attached to the bone, though the transverse sinus in this situation bore the marks of inflammation, and had a clot of fibrin within it, which was evidently not of post-mortem formation. On dividing the tentorium over the right lobe of the cerebellum, a small softened elevation was observed on the medullary substance, which, when slightly touched, gave way, and allowed the discharge of more than an ounce of thick puriform matter.

On cutting into the cerebellum, the cavity of an abscess was detected, which occupied nearly the whole substance of the right lobe.

In some clinical remarks on this case, Mr. Fergusson said, that he had never seen death follow a similar injury; for, although impressed with the danger of even slight scalp wounds, and aware that death in such cases might occur weeks after in consequence of inflammation and suppuration within the cranium, the blow of a fist, which was a common-enough injury on this part, he had never seen attended with such consequences. It appeared to him that, in all likelihood, an injury had been inflicted on the scalp and on the cerebellum at the same time; that in the substance of the latter there had, probably, been a laceration and effusion of blood, which may have caused inflammation; whilst in the former (the scalp) the blow had been such as to cause suppuration. From some unknown cause the discharge from the abscess had suddenly ceased, and by a kind of metastasis the suppurative process had been established in a more dangerous locality.

A question of considerable importance had occurred to his mind on discovering such a large surface of bare bone, as to the propriety of making an opening in the cranium, to ascertain the state of the parts within the head. As it did not appear to him that the symptoms of compression were urgent, and as, though the bone was bare, there was no proof of its actual death, or of the presence

of matter between it and the dura ... did not consider himself justified in resorting to such a proceeding; and the result of the dissection proved that the operation would have been fruitless. The case, although unusual in some respects, had not presented any remarkable difficulty in treatment; for, notwithstanding his inability to save the patient, there was no doubtful symptom or appearances in its history, as was often observed in severe injuries of the head, which could induce him to attempt a more than haphazard operation.

ACTION OF HYDROCYANIC ACID, &c. UPON THE EYE.

To the Editor of THE LANCET.

SIR,—Be so good as give insertion to the following hints on the effects of hydrocyanic acid in your valuable Journal:—

It is a well-known fact, that the eyes of those who have been destroyed by hydrocyanic acid, for a length of time after death show none of the usual symptoms of dimness; on the contrary, the eye is clear and the pupil much dilated. This satisfied me that the acid exerted a specific action upon the eye, which might be made available, as a medical agent, for relieving many of the diseases to which that organ is so subject.

My first experiment was undertaken in 1837, with the diluted acid, by dipping a sponge into it, and rubbing it upon the forehead for the space of a few minutes, which gave the skin a very red appearance; but the patient experienced not the least sense of heat, and the pupil was slightly dilated. I continued to use this with very beneficial effects in incipient cataract, opacities of the cornea, inflammation, amaurosis, iritis, &c. Of late I have substituted the vapour of the concentrated acid to the eye with much more decided effect, and without the slightest danger. The plan I generally adopt is to put into an ounce phial a drachm of the acid, and hold it in close contact with the eye, the eyelid being open, for the space of about half a minute, or until such time as the patient feels a little warmth, or the person holding the phial sees the pupil greatly dilated and the vessels of the eye injected with blood, which is the invariable effect of the application of the acid. The patient is not sensible of pain from this peculiar state being induced, which appears to me to result from the powerfully sedative influence of the acid, thereby showing that two opposite powers, to wit, stimulating and sedative, are exerted at the same time, and thereby the uneasiness arising generally from a stimulant alone is prevented. Its great power in removing those diseases chiefly arises from the two powers being so blended, and thus ... enabling the eye to bear a sufficient stimulating action without injury. *The person who holds the acid to the eye should be careful not to allow the patient to smell it.*

The essential oil of bitter almonds I use for the same diseases. I put two drachms of water to two drachms of the oil in an ounce phial, and hold it in the same way to the eye as the acid, but its effects are not precisely alike. The feeling induced by the oil is soothing, and generally relieves all sense of pain, *even of tic douloureux*, without sensibly dilating the pupil, or causing much redness of the eye. I find it very useful in taking away the heat occasioned by the hydrocyanic acid. I am, Sir, your obedient servant,

A. TURNBULL, M.D.

48, Russell-square, Sept. 28, 1841.

NOTE FROM MR. MOORE.

To the Editor of THE LANCET.

SIR,—In reply to the letter in THE LANCET, of September 25, from Dr. C. Macartney, Mr. Moore says that Dr. Macartney has misquoted and perverted the meaning of sentences which were quite distinct from each other. Mr. Moore says,—"In alluding to the discovery of the Wenzels, I dwelt more particularly on the foramen situated at the posterior angle of the fifth ventricle; but in speaking of the 'tubercula quadrigemina minora,' the description referred to the canal, or tunnel, leading from the third ventricle of the brain, upwards and backwards, beneath the iter-a-tertio-ad-quartum-ventriculum, and the floor of the fourth ventricle, terminating at the superior part of the posterior surface of the spinal column. This note was written and appended to the essay now publishing in THE LANCET during my residence in Paris; the existence of the canal and tubercula quadrigemina minora being first observed, and satisfactorily demonstrated to many (amongst whom, perhaps, Dr. Macartney may have been one), in dissections performed at the College of Surgeons, Ireland; but not considering my observations sufficiently numerous to warrant their appearance in print, I refrained from having them inserted in any periodical, until they had been frequently verified by the examination of healthy and diseased brains in the Parisian hospitals, and during my attendance at Clamart, the school of operative surgery in Paris. I have to confess that I am unconscious of having ever exhibited to Dr. Leeson, the zealous and able demonstrator at the college, these 'tubercula quadrigemina minora,' and that I have been repeatedly foiled in detecting these appearances; but, on the other hand, from the number of times they have been noticed, and satisfactorily exhibited to others, I confidently assert they were not the results of manipulation, but

that with due attention they may be seen and demonstrated in some brains, by persons who are acquainted with the ordinary anatomy of that organ. It must be regretted, that in addition to the misinterpretation of the passage quoted by Dr. Macartney, there should also have been a misapplication of the concluding paragraph, which error might have been avoided on his part, by first ascertaining if it were written with reference to him.
I am, Sir, your obedient servant,

THOMAS MOORE.

Dublin, Sept. 27, 1841.

AMALGAM FOR STOPPING DECAYED TEETH.

J. M. supplies the following answers to the three queries proposed by Mr. LINTOTT, in THE LANCET of Sept. 18th:—

It is probable that metals are capable of forming definite compounds by uniting with each other in one or more atomic proportions; and when mercury is one of the metals, the compound is called an amalgam. But little is known of this class of alloys; Klaproth has analysed the crystallised amalgam of silver, and found it composed of mercury 64 parts, silver 36; which numbers correspond so nearly with 202 and 108, or the atomic weights of mercury and silver, that we may conclude there is an equivalent of each metal present, or one of silver to two of mercury, if we take the atomic weight of mercury at 101, as Graham proposes.

This amalgam may be dissolved in excess of mercury, and an apparently fluid amalgam result. When the solvent is not in too great excess the amalgam will crystallise. This takes place more rapidly if part of the mercury be removed by straining through chamois leather, when it quickly becomes hard, and of a dull-white colour, owing to the rapid crystallisation of the amalgam.

When common salt comes in contact with this amalgam, the chlorine of the chloride of sodium will act upon the silver, forming chloride of silver, which readily darkens on exposure to light; and the mercury being left in the state of fine mechanical division, is either oxidised, or converted into calomel or corrosive sublimate, by fresh chloride of sodium, and as such will be absorbed, and exert its usual effect upon the system.

These effects would take place from the presence of common salt alone; a substance of such constant and extensive use, that we may regard it as almost always present in the saliva. It is obvious that there are many other agents whose action would be prejudicial, but I have taken salt for the sake of illustration.

Mansfield, Sept. 23, 1841.

UNIVERSITY OF LONDON.

WE are requested to state that the Second Examination for the Degree of Bachelor of Medicine in this University will commence, in future, on the first Monday in November, in place of the third Monday in July.

BOOKS RECEIVED.

A Concise and Practical Treatise on the Principal Diseases of the Air-Passages, Lungs, and Pleura. By Alfred Catherwood, M.D., C.M. London: Duncan and Malcolm, 1841, 8vo, pp. 208.

TO CORRESPONDENTS.

FRESH-WATER INFUSORIA.—(*From a Correspondent.*)—*H. L.* is much interested in the statement of Mr. Dalrymple respecting the habitats of some of the fresh-water infusoria. Will Mr. D. obligingly state, through the medium of THE LANCET, if he has obtained living *xanthidia* from any of the waters around London; and if so, where they may be procured? The abundance of the *loricæ*, or cases of the genus xanthidium in some fluids is such, that it becomes important to ascertain what relation exists between the recent and fossil species. At Clapham the *stephanoceros* is very rare; it is not gregarious; the animalcule is generally found single, or seldom more than two individuals on the same leaf or twig have been found. I have hunted for hours, and obtained but one specimen.

Our correspondent, *Mr. T. M.*, will probably admit that however proper it was for him to *write* the parts of his letter which we have omitted, it would not be proper for us to *print* them. We had already taken the liberty of omitting what appeared to be some impertinencies in the letter that preceded his own.

Mr. S. (Epsom).—Just at the present moment we have not room for a third controversialist on the subject of the letter dated Sept. 27th.

Dr. Duigan's letter in the "Australian Chronicle;" *Mr. Waddington's* circular; the letter of *Mr. Orton;* the paper of *Dr. Willshire;* and the remarks, *Shade of Smellie,* have been received.

Mr. Levison's letter, received.

Erratum.—In the letter of Mr. Camden, p. 31, line 5 from the bottom, the quotation from the "Cyclopædia of Anatomy," which stands thus—"Fracture is uncommon in infancy and in childhood; the bones bending rather than breaking"—should have been pointed thus: "Fracture is uncommon in infancy; and in childhood the bones, bending rather than breaking, &c."